Opioid
Response
Network
STR-TA

SPECIALIZED PRACTICE CURRICULAR GUIDE *for*

SUBSTANCE USE SOCIAL WORK PRACTICE

2015 EPAS Curricular Guide Resource Series

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Resource Series

Council on Social Work Education
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Opioid Response Network STR-TA

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Preface: Competency-based Education

In 2008 CSWE adopted a competency-based education framework for its Educational Policy and Accreditation Standards (EPAS). Competency-based education rests on a shared view of the nature of competence in professional practice. Social work competence is the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being. EPAS recognizes a holistic view of competence; that is, the demonstration of competence is informed by knowledge, values, skills, and cognitive and affective processes that include the social worker's critical thinking, affective reactions, and exercise of judgment regarding unique practice situations. Overall professional competence is multidimensional and composed of interrelated competencies. An individual social worker's competence is seen as developmental and dynamic, changing over time in relation to continuous learning (CSWE, 2015, p. 6).

Competency-based education is an outcome-oriented approach to curriculum design. The goal of the outcome approach is to ensure that students can demonstrate the integration and application of the competencies in practice. In the EPAS, social work practice competence consists of nine interrelated competencies and component behaviors that consist of knowledge, values, skills, and cognitive and affective processes. Using a curriculum design that begins with the outcomes, expressed as the expected competencies, programs develop the substantive content, pedagogical approach, and educational activities that provide learning opportunities for students to demonstrate the competencies (CSWE, 2015, p. 6).

SOCIAL WORK COMPETENCIES

The 2015 EPAS stipulates nine competencies for the social work profession. These competencies apply to both generalist and specialized practice. The nine social work competencies are listed in the 2015 EPAS on pp. 7–9. Each of the nine social work competencies is followed by a paragraph that describes the dimensions (*knowledge, values, skills,* and *cognitive and affective processes*) that make up the competency at the generalist level of practice. This paragraph describes the content that should be reflected in the generalist social work curriculum and represents the underlying content and processes that inform the behaviors. The bullet points under the paragraph descriptions in the EPAS are a set of behaviors that integrate the dimensions of the competency and represent observable components of each competency. The dimensions of the competency inform the behaviors.

FRAMEWORK FOR THE GUIDE

The CSWE Commission on Educational Policy (COEP) developed a framework for the development of curricular guides for areas of specialized practice. The task force followed the guidelines for creating substance use competencies and curricular resources listed here:

1) Identification of an area of specialized practice for a specific population, problem area, method of intervention, perspective, or approach to practice in social work (Educational Policy [EP] M2.1).

2) Discussion of how the area of specialized practice builds on generalist practice as described in EP 2.0 (Accreditation Standard [AS] M2.1.1).

3) Identification of the specialized knowledge, values, skills, cognitive and affective processes, and behaviors that extend and enhance the nine social work competencies and prepare students for practice in the area of specialization identified (EP M2.1 and AS M2.1.3).

4) Suggested curriculum content and resources (e.g., readings, multimedia and online resources, modules, assignments, experiential exercises, and class and field activities) for each of the nine social work competencies and any additional competencies identified. The curriculum content and

resources identified in this guide are not required by accreditation standards and are meant to serve as an optional guide to programs on how to conceptualize trauma-informed social work practice with the nine social work competencies identified in the 2015 EPAS.

5) Identification of the competency dimensions (knowledge, values, skills, and cognitive and affective processes) associated with the course content for each competency.

REFERENCE

Council on Social Work Education. (2015). *Educational policy and accreditation standards.* Retrieved from https://www.cswe.org/getattachment/Accreditation/Standards-and-Policies/2015-EPAS/2015EPASandGlossary.pdf.aspx

Introduction

In the United States an estimated 1 in 14 people, 14.5 million, had a substance used disorder in 2017.[1] Globally it is estimated that as much as 16% of the population has an alcohol use disorder and as many as 3% have a drug use disorder.[2,3] Although this publication is intended to guide specialized practice with individuals and communities affected by substance use, it is important to note that the prevalence of problematic substance use and substance use disorders, as well as the secondary effects (e.g., health, parenting, relational, economic) associated with substance use on individuals and communities, necessitate that all social workers have a minimum competency and knowledge of substance use across the continuum from use to disorder. Social workers will interact with those experiencing a substance use disorder or at risk of a substance use disorder in multiple settings, including child welfare agencies, shelters, skilled nursing facilities, schools, and hospitals. Substance use disorders affect all segments of the population.

Furthermore, work with substance use disorders is uniquely influenced by several factors. The prevalence of substance use disorders results in most social workers having exposure to substance use disorders either directly within their family system or indirectly, well before their social work training. In fact, it is

1. Substance Abuse and Mental Health Service Administration. (2017). *Reports and detailed tables from the 2017 National Survey on Drug Use and Health*. https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH
2. World Health Organization. (2017). *Global health observatory data: Prevalence of alcohol use disorders*. https://www.who.int/gho/substance_abuse/burden/alcohol_prevalence/en/
3. World Health Organization. (2017). *Global health observatory data: Prevalence of drug use disorders*. https://www.who.int/gho/substance_abuse/burden/drug_prevalence_text/en/

estimated that one in four children live with at least one adult with a substance use disorder. This means that many social workers will come to this work with their own lived experiences and lived perspective. Ethical and effective practice necessitate that social workers in all settings engage in self-reflection and address internal bias. Additionally, social workers may be drawn to specialized practice with substance use disorders because of their own recovery and lived experiences with substance use disorders. Social workers in recovery have a unique role in contributing to specialized practice. Finally, those with substance use disorders and their families are affected by stigma at micro, mezzo, and macro levels. This stigma affects their ability to address this critical and life-threating health condition, and all social workers regardless of practice area have a responsibility to educate communities and fight to dismantle this crippling stigma.

Competency for specialized practice with individuals and communities affected by substance use includes the ability to intervene with individuals, families, groups, organizations, and communities in the practice, research, and policy context. Social work education for specialized practice with substance use aims to prepare students through research and best practice standards when working with individuals, families, groups, organizations, and communities. The terms *substance use* and *substance use disorder* are used throughout this document. The authors recognize that intervention is necessary at all points of the development of this health condition and are not limited to those with a diagnosis of substance use disorder. Prevention and early intervention are critical components of ethical care. Furthermore, although this guide is targeted toward substance use, we recognize that social workers who specialize in this practice will also work with similar challenges that are treated with similar modalities, such as process disorders, and that people affected by substance use disorders may also be affected by process disorders.

Social workers who are competent in specialized practice with substance use recognize the following:

- **Substance use disorders are complex health problems.** Substance use disorders are complex health conditions that occur on a continuum and require social workers be able to recognize and intervene with evidence-based approaches at multiple points including

use, misuse, abuse, and dependence. Substance use disorders affect people biologically, psychologically, socially, and spiritually, and effective intervention must address all these areas.

- **Substance use disorders are often co-occurring with other health and mental health challenges.**
  It is common for substance use disorders to co-occur with other health and mental health disorders. Furthermore, people affected by a substance use disorder are often affected by trauma, and the integration of trauma-informed modalities is an important consideration for intervention. This combination can make intervention complex and requires that social workers have expertise in the treatment of co-occurring disorders.
- **Substance use disorders affect families and communities.**
  The impact of substance use disorders goes beyond the person with the diagnosis and affects the families and communities they are part of. Effective intervention necessitates treatment of not just the individual but also the community and family system.
- **Treatment is diverse and multifaceted.**
  The complexity of this health condition necessitates that social workers be knowledgeable about and open to multiple treatment options and perspectives. The knowledge base for treatment of problematic substance use is growing rapidly. Social workers must remain knowledgeable about research-based interventions. Social workers have an ethical obligation to provide accurate information on the risks and benefits of all treatment options and to respect the individual's treatment choices.
- **Recovery is possible.**
  Substance use disorders are complex and diverse. Individuals and systems may require intervention across the lifespan. The types of intervention necessary may change based on the progression of the health condition. Although treatment can be difficult and relapse is often part of the process, recovery is possible.

Competency 1

Demonstrate Ethical and Professional Behavior

COMPETENCY DESCRIPTION

Social workers working with individuals and communities affected by substance use understand the complexity of the spectrum of substance use disorders (SUDs) and options for recovery. Social workers understand and adhere to professional social work values, ethical standards, and relevant laws and regulations pertaining to confidentiality and privacy in relation to substance use. Social workers recognize the need to differentiate personal and professional values as they relate to substance use and misuse and understand how their personal experiences and affective reactions may influence their professional judgment. Furthermore, they acknowledge their ethical duty to engage in self-reflection, self-regulation, and self-care. Social workers recognize the importance of ongoing professional development activities such as consultation, continuing education, current research, and the ethical use of technological advances as they pertain to substance use and misuse. Social workers use best practice standards and engage in the interprofessional team to guide substance use–related service based in best practice standards.

COMPETENCY BEHAVIORS

- Make ethical decisions by applying the standards of the National Association of Social Workers (NASW) Code of Ethics, comparing state codes and other applicable ethical codes of conduct.
- Demonstrate and role model professional communication in practice situations, including using person-first, nonstigmatizing language and

treat clients with SUD equitably without applying personal bias, stigma, or discrimination.

- Use self-reflection and self-regulation to manage personal values and biases relative to substance use and misuse.
- Use the most current, evidence-based and culturally informed knowledge to inform SUD practice, research, and policy development and implementation.
- Recognize one's limitations in skills, knowledge, and abilities and work in cooperation with interdisciplinary SUD providers in the trajectory of care.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Addiction Technology Transfer Center Network. (n.d.). ATTC educational packages for opioid use disorders: Social workers. https://attcnetwork.org/sites/default/files/2018-10/ATTCEduPackagesOUDsSocialWorkers.pdf	Knowledge Values Skills Cognitive and Affective Processes
Journal of Social Work Values and Ethics Free resource http://jswve.org/	Knowledge Values Cognitive and Affective Processes
National Association of Alcohol and Drug Abuse Counselors. (2016). NAADAC Code of Ethics. https://www.naadac.org/code-of-ethics	Knowledge Values Cognitive and Affective Processes

(continued)

Readings *(continued)*

Resource	Competency Dimension
National Association of Social Workers. (2013). *Standards for social work practice with clients with substance use disorders*. National Association of Social Workers. https://www.socialworkers.org/LinkClick.aspx?fileticket=ICxAggMy9CU%3d&portalid=0	Knowledge Values Skills Cognitive and Affective Processes
NASW, ASWB, CSWE, and CSWA Standards for Technology in Social Work Practice https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf	Knowledge Values Cognitive and Affective Processes
SAMHSA. (2019). *Substance abuse confidentiality regulations*. https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs	Knowledge Values Cognitive and Affective Processes
Straussner, S. L. A., Senreich, E., & Steen, J. T. (2018). Wounded healers: A multistate study of licensed social workers' behavioral health problems. *Social Work, 63*(2), 125–133. doi:10.1093/sw/swy012	Knowledge Values Cognitive and Affective Processes
Warren, L., Feit, M. D., & Wells, J. (2011). Substance abuse among professionals: Limited research on substance-abusing social workers. *Journal of Human Behavior in the Social Environment, 21*, 803–812.	Knowledge Values
White, W. (2008). Alcohol, tobacco, and drug use by addiction professionals: Historical reflections and suggested guidelines. *Alcoholism Treatment Quarterly, 26*, 500–535.	Knowledge Values Cognitive and Affective Processes
White, W. L., Evans, A. C., & Lamb, R. (2009). Reducing addiction-related social stigma. *Counselor, 10*(6), 52–58. http://www.williamwhitepapers.com/pr/2009ReducingSocialStigma.pdf	Values Cognitive and Affective Processes

Learning Activities	
Resource	**Competency Dimension**
Panel presentation by a broad range of professionals who work with people with SUDs. Actively participate and write a 1-page reflection. Panelists may include nurses, probation officers, county social workers, clinical social workers, police officers, emergency medical technicians, shelter workers, school social workers, medication-assisted treatment providers, and needle exchange outreach workers. Panelists will identify their roles and responsibilities and describe how interprofessional collaboration is used to provide comprehensive care.	Knowledge Values Cognitive and Affective Processes
Developing Your Network This is an exercise where students work in teams to gather pertinent information on the field of addictions. The students are provided a list of predetermined (1) interprofessional treatment programs (regional, state, and national options are given) and (2) national foundations or associations (e.g., Association for Addiction Professionals, Substance Abuse and Mental Health Services Administration [SAMHSA], and Centers for Disease Control and Prevention). The dyads sign up for one resource on each list. Each partnership must then locate the source's website, become familiar with the scope of services offered, and identify useful information provided by each. Each dyad then presents their findings in class. The debrief of this exercise consists of highlighting what trends in information were evident, what holes existed in the information, the importance of keeping current with referral options, and how valuable it is for new practitioners to develop a network.	Knowledge Cognitive and Affective Processes
Professional Violations and Breaches in Ethics A class lecture is provided on the importance of the NASW Code of Ethics. The instructor then explains the scope of the state's professional licensing agency. The instructor can pull up the specific licensing board for their state. All the tabs and functions of the site are explored. The instructor then reviews the list of violations under review. The types of violations evident in the public domain are discussed. Students are then placed in dyads and randomly assigned a specific state. Students are given 30 minutes to review their assigned state's website for the types of violations currently being adjudicated. Once the time expires, students regroup and share their findings. Themes are reviewed. The instructor then bridges what was found with a discussion of preventative best steps to avoid ethical and professional violations.	Knowledge Values Cognitive and Affective Processes

Media	
Resource	**Competency Dimension**
Macy, B. (2019). *Dopesick: Dealers, doctors and the drug company that addicted America*. Back Bay Books.	Knowledge Cognitive and Affective Processes
HealtheKnowledge Free clinical supervision foundations course and numerous other free and low-cost addiction webinars and online courses. http://healtheknowledge.org/	Knowledge Values Skills Cognitive and Affective Processes
SAMHSA Language Matters Series • Part 1: https://www.youtube.com/watch?v=f5e2s8iVRDM • Part 2: https://www.youtube.com/watch?v=b4zU3C-kcGY • Part 3: https://www.youtube.com/watch?v=wBX1Ulu9tMo • Part 4: https://www.youtube.com/watch?v=B5qdGoBMOfo	Knowledge Values Skills Cognitive and Affective Processes
NAADAC Webinar Series Multiple free webinars on ethics, self-care, and numerous other SUD-related topics. https://www.naadac.org/webinars	Knowledge Values Skills Cognitive and Affective Processes
Helpful lecture on adult learning theory. https://www.youtube.com/watch?v=vLoPiHUZbEw See Appendix 1A.	Knowledge Values Cognitive and Affective Processes
Diverse Podcast Series https://www.insocialwork.org/	Knowledge Values Skills Cognitive and Affective Processes

Assignments	
Resource	**Competency Dimension**
Research three forms of technology related to SUD treatment and recovery. These could be electronic health records, recovery apps, social media recovery sites, online support groups, electronic social work services, and so on. Write a 3-page paper (1 page for each form of technology) describing the technology and its use in SUD treatment and recovery, including what it is and how it works; any ethical, confidentiality, or privacy concerns; and whether you would recommend its use. Choose one of these forms of technology and present your findings to the class.	Knowledge Values Cognitive and Affective Processes
Interview a Person in Long-Term Recovery **Part 1:** Demonstrate and role model professional communication throughout the interview, including using person-first, nonstigmatizing language as you discuss their experiences with recovery. **Part 2:** Self-reflect on your own experiences, beliefs, values, and biases. **Part 3:** Write a paper to include what you discovered about recovery (this is not a report identifying who you interviewed or a transcript of the interview), how the interview affected your personal beliefs, values, and biases, and how you can apply this learning experience going forward in social work practice.	Values Skills Cognitive and Affective Processes
Self-Assessment Everyone has been personally affected by alcohol or other drugs at some time in their lives. This may have been a personal experience (meaning self) or a friend, family member, or co-worker. Discuss in a typed paper 3–4 pages long how this affected your life. See Appendix 1C.	Values Cognitive and Affective Processes
Career-Long Learning Plan Social workers in the SUD field of practice recognize the need for continued professional growth and learning after completing their professional education. Prepare a 1- to 2-page plan for career-long learning: (1) Describe your goal or goals upon graduation, (2) identify the steps you plan to take to meet that goal, (3) describe how you will evaluate success, (4) include your reflection on wellness and self-care, and (5) conclude with a summary of goals already achieved and areas for professional growth.	Knowledge Values Skills Cognitive and Affective Processes

(continued)

Assignments *(continued)*

Resource	Competency Dimension
Consumers as Teachers Assignment Students are asked to attend two open 12-step meetings. They can attend two of the same type or attend two different types. They are instructed to listen to how members of the group view treatment and how they view treatment providers. Students are then asked to write a 1-page synopsis on what they learned from the group members' stories of engaging with professionals and whether any barriers to group members' recovery stemmed from professionals' covert or overt expression of values and biases.	Knowledge Values Cognitive and Affective Processes
AA and Al-Anon Paper Research Paper Attend one Alcoholics Anonymous (AA) and one Al-Anon Family Groups (Al-Anon) meeting. Each student is to attend one open AA meeting and one open Al-Anon meeting. Call the AA and Al-Anon numbers in the phone book or check the local newspaper for times and dates of open meetings. If possible, attend an open meeting out of the community in which you live. If asked, explain to the members of the respective meetings that you are attending as a visitor for the requirements of a class in substance abuse that you are taking. You are not expected to make a donation. Do not take notes. Remember, all identifying information is confidential. If you have previously attended an AA meeting, attend a Narcotics Anonymous (NA) meeting or another 12-step meeting and a Nar-Anon Family Groups (Nar-Anon) meeting to complete this assignment. After attending the two meetings, decide whether you think that 12-step meetings are effective treatment options for your clients with substance-related disorders. Describe what you experienced in the meetings that would support your viewpoint. Next, explore the research. Choose at least two studies regarding the effectiveness of 12-step meetings in treating substance-related disorders. Choose at least one study that supports your opinion and at least one study that refutes your opinion. After reviewing the research, did you change your opinion? Would you or would you not refer your clients to a 12-step meeting? How did this exercise alter (if at all) your approach to your social work practice? The paper should be between 6 and 8 pages, which does not include the cover page and references page, follow American Psychological Association (APA, 7th ed.) format, and use 12-point type.	Knowledge Values Cognitive and Affective Processes

Field Activities	
Resource	**Competency Dimension**
Service Learning Partner with a local recovery center to support and participate in a community recovery event.	Skills
Interview a SUD Treatment Provider/Agency Resource Binder The purpose of this interview is to gather knowledge on community recovery resources for a class resource book and to practice professional skills. **Part 1:** Interview a SUD treatment provider at an agency in your region. Identify what services and levels of care are available at this agency and how the services are funded, identify any barriers to accessing treatment or funding for treatment, identify any disparities in care, and identify how factors such as stigma affect access to care. Identify strengths and gaps in care provided. **Part 2:** Have the interviewee complete a feedback form related to your professionalism and ethical behavior during the interview process and interactions at the agency. **Part 3:** Present to the class resources available at the agency interviewed and provide a handout for classmates to add to their recovery resources binder.	Knowledge Skills Cognitive and Affective Processes
Attend Drug Court Observe a session of drug court and notice the collaboration of the interprofessional teams in the courtroom. Identify the roles of each team member and identify similarities and differences in how they support the drug court participants' recovery. Consider the intersection of public health, criminal justice, and social work values. Write a 1-page reflection paper.	Knowledge Values Cognitive and Affective Processes
Observation Observe a clinician interview someone for substance use services. What type of questions were asked? Any questions make you feel uncomfortable? What was the referral process like, if there was one? Pay attention to nonverbal cues that the client demonstrates: How did they respond to questions? Did you feel the client's rights were honored by the professional?	Knowledge Values

(continued)

Field Activities *(continued)*

Resource	Competency Dimension
Abstinence Project There are three parts to this assignment. 1. Students will choose a substance or behavior to abstain from for 8 consecutive weeks during the semester (e.g., chocolate, sodas, Facebook, alcohol, video games, smoking, television, gambling). Choose something challenging, but not impossible, to gain a fuller experience of what your clients experience. You will need to be specific (e.g., all soda pops or just Coca-Cola? all social media or just Facebook?). 2. Students will engage in a relapse prevention group concurrently with the abstinence project. The relapse prevention group portion of class will be co-facilitated by two students, except for the first and last, which will be led by the instructor. In the first group each student will share with the group the substance or behavior from which they will abstain. Moving forward, the group facilitators will develop a group plan specific to SUD treatment and relapse prevention and submit the plan to the group dropbox 1 week before they facilitate the group. Dates and co-facilitators will be assigned by the professor. Co-leaders will work together to write a general group note. A group note is only a summary, so it should be limited to 1 page. Do not include the names of participants. The note should contain the following elements and use them as headings for the note. • Date, time, number of participants • Purpose of group • Summary of group process: interventions, dynamics, therapeutic factors, themes, communication patterns, challenging behaviors, strengths, improvements made, and so on • Evaluation and outcome • Facilitators 3. Students will maintain an ongoing recovery journal on their day-to-day experiences as a person in recovery from _____. You will journal a minimum of two entries per week (two separate days). Journal entries are confidential and should be written in first person. Each entry should be between 200 and 300 words, noting successes, challenges, relapse triggers, obstacles, relapse prevention techniques and support, affective and cognitive processes, and so on.	Knowledge Values Skills Cognitive and Affective Processes

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Field Activities *(continued)*

Resource	Competency Dimension
Addiction Simulation Exercise and Reflection Paper This assignment has two parts. First, each student will complete the following exercise to allow him or her to experience some of the physical (thirst being analogous to cravings for drugs), social, cognitive, and emotional experiences of addiction. *Protocol* Each student will engage in this exercise for 2 full days, 48 consecutive hours. The more strictly one adheres to the guidelines, the more effective the exercise will be. • **Drug**. Your drug of choice is ice cubes. You used to be able to "get off" simply on water, but your addiction has progressed way beyond this. You now need specially processed water: ice cubes. • **Craving.** Thirst is your craving for the drug ice cubes. Every time you take a drink of any liquid, you must have at least one piece of ice in that liquid. Yes, this will be difficult and will require much planning. This applies to all drinking situations including coffee, water from drinking fountains, cans or bottles of beverages, and even late-night drinks of water after you have awakened from a deep sleep. (Make sure your ice trays are full before going to bed.) • **Legality.** Ice is socially unacceptable and illegal. Do not let "regular people" see you or catch you using ice. This applies to friends, family, co-workers, and so on. The only people with whom it is acceptable to be open about your use of ice are other people with an addiction who are participating in this exercise. This will take some creative thinking at home, in restaurants, and other public places. • **Obsession.** To simulate the obsession aspect of drug addiction, keep a log every 2 hours (waking hours only). Obtain a notebook in which you can answer the following questions every 2 hours: Are you thirsty now? Where is your next ice fix coming from? What is your plan to satisfy your cravings? Think ahead! This log will be submitted as part of the assignment. • **Tracks.** Acquire and wear something around your wrist (e.g., ribbon, yarn, string, but *not* jewelry). Wear this accessory at all times during the exercise. This bracelet is analogous to needle tracks on the arm of a person who has addiction, so it is socially unacceptable to wear the bracelet. Try your best to keep regular people from seeing the bracelet, because they might ask what it is about, and this would put you in a difficult situation trying to explain it. Remember, you are trying to hide your addiction from regular people. The bracelet will also serve as a reminder that you are participating in this exercise. It will be easy to forget for a few hours, so you will have to be diligent in your participation. Remember, people who are addicted cannot turn off cravings at will.	Knowledge Values Skills Cognitive and Affective Processes

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Field Activities *(continued)*

Resource	Competency Dimension
Second, students will write a critical reflection on their addiction simulation experience. Class readings must be integrated into the reflection papers. The paper is expected to be in APA style, at least 4 full pages and not more than 5. Complete the following steps in your paper: • Describe (who, what, where, when, how, as objectively as possible) the experience. • Examine the experience discussed above, considering the content studied in this course. Choose one issue or theory (don't forget to cite it properly) to focus on in more detail in light of your past, present, or future practice activities. Consider your gut feelings, your values, and your basic knowledge as you further explicate the concept and what it means for you. • Articulate learning from the two steps above. Answer the following four questions: 1. What did I learn (e.g., about myself as a social worker, about clients who have addiction, colleagues, communities, agencies)? 2. How did I learn it (specific experiences in the exercise)? 3. Why is this learning important for me as a clinical social worker? 4. What will I do in my future practice, considering this learning? *(Courtesy of Dr. Brittany Wilkins, ETSU)*	

APPENDIX 1A: ORIENTATION EXERCISE FOR PROFESSIONAL RESPONSIBILITY AND LIFELONG LEARNING

During the first week of each class, Ihave the class watch a short video on adult learning theory. The video reviews the development of the theory, its aims, and the domains pertinent to andragogic practices. The video link is located in the competency table, "Media: Resources."

Then initiate an interactive discussion with the students. Write four questions on a whiteboard, then have the students get up and write their answers to those questions. The questions can be paraphrased but typically are as follows:

- How do you best learn?
- What are your academic pet peeves?

- What type of class rules would you suggest?
- What contributions will you make to ensure a comfortable learning environment in our class?

Debrief the groups responses and identify common themes. Then merge this exercise into an orientation if how the class will be taught, teaching philosophy, the intent of the learning assignments, and the goals for the course. This exercise can be taught across undergraduate, graduate, and doctoral levels, because it anchors the students to theory, to pedagogic intent, and to the importance of students as emerging professionals being responsible for their own learning.

APPENDIX 1B: ENGAGEMENT AND ASSESSMENT SIMULATION

In coordination with the field program, partner with an ample number of field instructors, task instructors, or faculty to function as mock patients. Depending on the size of the class, use dyads or triads, but preferably one student with one mock patient. Preassign the mock-patient's type of diagnosis and presenting problem. Throughout the class, students learn about engagement and assessment techniques. As a class, develop the assessment plan and grading rubric for this assignment. The mock patient is given a copy of the grading rubric and is asked to use the rubric to evaluate their student's work. The student then self-evaluates using the same rubric.

Critical Pieces of This Exercise

- All students use the same assessment plan. Take an entire class period to facilitate the simulation.
- Mock patients act out various diagnostic features and share their presenting problem with no replications.
- Students must engage the consumer and collect pertinent data, then they must create their written diagnostic formulation.
- All parties are brought back together to debrief their experiences. Mock patients share what was done well and suggestions for

improvement. Students share what this was like for them, what they thought they managed well, and what they need to work on.

It is worth noting that although this is a clinical simulation, what naturally emerges in the debrief are the challenges students face regarding their own self-confidence, preparedness, professional communication, and recognition of their own skills (what they already have and what they need to work on).

APPENDIX 1C: SELF-ASSESSMENT

Everyone has had a personal experience with alcohol or other drugs at some point and time in their lives. This may have been a personal experience (meaning self) or a friend, family member, or co-worker. Discuss in a typed paper (3–4 pages in length) how this experience affected your life. Here are some areas that you will address in this paper:

- How did this event affect your belief systems? Was it a conflict with your values and personal ethics? Were you trusted, or did you trust the one doing the drug?
- Did this event keep you/user from doing the job you were supposed to do? That could be mother or father, employer, or sibling.
- How did this affect your belief in the importance of personal responsibility?
- How do you compare yourself to others' drinking or drugging based on this incidence?
- How has your/another person's self-centeredness or substance use affected your life? Thoughts on substance use?
- How do you deal with the anger and resentment caused by chemical use?
- What do you believe about the need for acceptance of imperfection? Is this a disease? Is this a choice? Give details to back your statements.

Competency 2

Engage Diversity and Difference in Practice

COMPETENCY DESCRIPTION

Social workers working with substance use provide a continuum of services extending from prevention to tertiary care, informed by the values of cultural humility, respect for all cultures, ethnicities, and differences, with the understanding that those we serve are the foremost experts of their own lives and experiences supporting their self-determination. This understanding is enhanced through the prism of intersectionality and multicultural humility in a collaborative effort that harmoniously blends evidence-based practices. When working with people engaged in all levels of substance use, a trauma-focused lens that appreciates historical trauma, combined with a strengths perspective, reveals intersections of diversity, multiple life challenges, and internalized oppression. Social workers must be able to understand and apply their knowledge of the historically biased descriptive terms that have been used in the diagnosis and treatment of people with SUDs. This practice has created many barriers: internal ones limiting unconditional positive regard and self-efficacy and external ones preventing access to recovery services and community support. Social workers' substance use literacy requires continuous focus on using people-first language in order to identify those in recovery as human beings first and their diagnoses or challenges as simply one aspect of their diverse lives. Social workers must be cognizant of their internal biases regarding recovery and those who are challenged by it at the micro, mezzo, and macro levels. This awareness will be an ongoing practice guide for the continuum of substance use services offered and delivered and for education, policy,

and research. Social workers must demonstrate a commitment to diversity, equity, and inclusion when working with individuals and communities affected by substance use.

COMPETENCY BEHAVIORS

- Demonstrate an awareness of how social identity, privilege, and marginalized status can be affected by the systems they are part of at the individual, family, and community levels.
- Articulate how a person's social location, inclusive of their cultural customs and worldviews, informs their experiences with substance use.
- Practice cultural humility when supporting clients with substance use challenges, which includes a lifelong process of openness, effort, self-awareness, and exploring and learning from similarities and differences.
- Use a strengths-based perspective that facilitates understanding of substance use and its impact in the diverse situations of individuals, families, and communities, driven by their unique stories.
- Consult with supervisors, mentors, and colleagues to enrich self-awareness and self-reflection while practicing multicultural reflexivity to balance the dynamics of power and privilege inherent in the social work position.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Amri, S., & Bemak, F. (2013). Mental health help-seeking behaviors of Muslim immigrants in the United States: Overcoming social stigma and cultural mistrust, *Journal of Muslim Mental Health*, *7*(*1*), 43–63.	Knowledge Values Skills Cognitive and Affective Processes

(continued)

Readings *(continued)*

Resource	Competency Dimension
Arfken, C. L., & Ahmed, S. (2016). Ten years of substance use research in Muslim populations: Where do we go from here? *Journal of Muslim Mental Health*, *10*(1), 13–24.	Knowledge Values Skills
Chang, J. S., Sorensen, J. L., Masson, C. L., Shopshire, M. S., Hoffman, K., McCarty, D., & Iguchi, M. (2017). Structural factors affecting Asians and Pacific Islanders in community-based substance use treatment: Treatment provider perspectives. *Journal of Ethnicity in Substance Abuse*, *16,* 479–494.	Knowledge Values Skills Cognitive and Affective Processes
Doff, J. (2015, May 19). Native American sobriety circles. *The Fix.* https://www.thefix.com/content/native-american-sobriety-circles	Knowledge Values Skills Cognitive and Affective Processes
Donlan, W., Lee, J., & Paz, J. (2009). *Corazón de Aztlan*: Culturally competent substance abuse prevention. *Journal of Social Work Practice in the Addictions*, *9*, 215–232.	Knowledge Values Skills Cognitive and Affective Processes
Green, K. E., & Feinstein, B. A. (2012). Substance use in lesbian, gay, and bisexual populations: An update on empirical research and implications for treatment. *Psychology of Addictive Behaviors*, *26*(2), 265–278. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3288601/	Knowledge Values Skills
Hodge, D. R., Zidan, T., & Hussain, A. (2015). Modeling the relationships between discrimination, depression, substance use, and spirituality with Muslims in the United States. *Social Work Research*, 39*(4)*, 223–233.	Knowledge Values Skills Cognitive and Affective Processes
Huang, Y. (2014). Alcohol consumption among Asian Americans in the U.S.: A systematic review. *Global Journal of Medicine and Public Health*, *3*(6), 1–9.	Knowledge Values Cognitive and Affective Processes

(continued)

Readings *(continued)*

Resource	Competency Dimension
Jackson, K. F., & Samuels, G. M. (2011). Multiracial competence in social work: Recommendations for culturally attuned work with multiracial people. *Social Work*, *56*, 235–245.	Knowledge Values
Krestan, J. (Ed.). (2000). *Bridges to recovery: addiction, family therapy, and multicultural treatment*. The Free Press.	Knowledge Values Skills Cognitive and Affective Processes
Lee, T., Blount, A. J., & Uwamahoro, O. (2014). *Embracing diversity: Treatment and care in addictions counseling*. Academic Publishing.	Knowledge Values Skills Cognitive and Affective Processes
Martinez, L. P., Walter, A. W., Acevedo, A., Lopez, L. M., & Lundgren, L. (2018). Context matters: Health disparities in substance use disorders and treatment. *Journal of Social Work Practice in the Addictions*, *18*, 84–98.	Knowledge Values Cognitive and Affective Processes
Mereish, E. H., & Bradford, J. B. (2014). Intersecting identities and substance use problems: Sexual orientation, gender, race and lifetime substance use problems. *Journal of Studies on Alcohol and Drugs, 75,* 179–188. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3893631/	Knowledge Values Skills Cognitive and Affective Processes
Reeves, L. J., Dustman, P. A., Holleran, L. K., & Marsiglia, F. F. (2008). Creating culturally grounded prevention videos: Defining moments in the journey to collaboration. *Journal of Social Work Practice in the Addictions*, *8*(1), 65–94.	Knowledge Values Skills Cognitive and Affective Processes

(continued)

Readings *(continued)*

Resource	Competency Dimension
Rodrigues, L. M., Young, C. M., Neighbors, C., Tou, R., & Lu, Q. (2016). Cultural differences and shame in an expressive writing alcohol intervention. *Journal of Ethnicity in Substance Abuse*, *15*, 252–267. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4929041/	Knowledge Values Skills Cognitive and Affective Processes
Sarabia, S., & Martin, J. (2013). Aging effects on substance use among mid-life women: The moderating influence of race and substance. *Journal of Social Work Practice in the Addictions*, *13*, 417–435.	Knowledge Values Skills Cognitive and Affective Processes
Steiker, L. K. H., Casto, F. G., Kumpfer, K., Marsiglia, F. F., Coard, S., & Hopson, L. M. (2008). A dialogue regarding cultural adaptation of interventions. *Journal of Social Work Practice in the Addictions*, *8*(1), 154–162.	Knowledge Values Skills
Villarreal, Y. R., Torres, L. R., Stotts, A., Ma, Y., Sampson, M., & Bordnick, P. S. (2017). Stress, depression, and drug use among aging Mexican American men living in the barrio. *Journal of Social Work Practice in the Addictions*, 17, 388–401.	Knowledge Values
Yun, S. H. & Park, W. (2008). Clinical characteristics of alcohol drinking and acculturation issues faced by Korean immigrants in the United States. *Journal of Social Work Practice in the Addictions*, *8*(1), 3–20.	Knowledge Values Skills Cognitive and Affective Processes

Media

Resource	Competency Dimension
American Psychiatric Association. (2019). Video library APA: Best practice highlights for treating diverse patients. https://www.psychiatry.org/psychiatrists/cultural-competency/treating-diverse-patient-populations/video-library	Knowledge Values Skills Cognitive and Affective Processes

(continued)

Media *(continued)*

Resource	Competency Dimension
Canton, D. (2016) *"White poverty privilege?" Poverty and addiction in America*. https://youtu.be/yCl10l1QF8w	Knowledge Values Cognitive and Affective Processes
Estes, L., Rosenfelt, S., & Eyre, C. (1998). *Smoke signals* [Motion picture]. Miramax.	Knowledge Values Cognitive and Affective Processes
The road to recovery. (2017). *Recovery among diverse populations.* https://youtu.be/wLDDpAMV6B8	Knowledge Skills Cognitive and Affective Processes
Torres, I. (2010). *The road to recovery: Embracing diversity.* http://www.cctv.org/watch-tv/programs/road-recovery-embracing-diversity-crossing-barriers-deliver-treatment-everyone	Knowledge Values Cognitive and Affective Processes

Field Experiences

Resource	Competency Dimension
Ethics Alive! This field placement assignment helps students familiarize themselves with various diversity terms and how their placement agency uses them with their staff and clients. They can also begin to work on their own cultural intelligence and can start a foundation for their own practice. https://www.socialworker.com/feature-articles/ethics-articles/ethics-alive-cultural-competence-awareness-sensitivity-humility-responsiveness/	Knowledge Values Cognitive and Affective Processes

(continued)

Field Experiences *(continued)*

Resource	Competency Dimension
Maschi, R., & Leibowitz, G. S. (Eds.). (2018). *Forensic social work: Psychosocial and legal issues across diverse populations and settings*. Springer.	Knowledge Values Cognitive and Affective Processes
National Association of Social Workers (NASW). (2015). *Standards and indicators for cultural competence in social work practice*. https://www.socialworkers.org/LinkClick.aspx?fileticket=PonPTDEBrn4%3D&portalid=0	Knowledge Values Cognitive and Affective Processes
National Association of Social Workers (NASW). (2018). *Code of ethics*. https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English	Knowledge Values Cognitive and Affective Processes
Puchalski, C. (2006, March). Spiritual assessment in clinical practice. *Psychiatric Annals, 36*(3), 150–155.	Knowledge Values Skills Cognitive and Affective Processes
Whitley, R., & Jarvis, G. E. (2015). Religious understanding as cultural competence: Issues for clinicians. *Psychiatric Times*. https://www.psychiatrictimes.com/special-reports/religious-understanding-cultural-competence-issues-clinicians	Knowledge Values Cognitive and Affective Processes

Field Experience Exercises

Resource	Competency Dimension
350 Hour Credentialed Alcoholism & Substance Abuse Counselor Program Clinical Internship Guide https://www.alfredstate.edu/sites/default/files/downloads/CASAC-CLINICAL-INTERNSHIP.pdf	Knowledge Values Skills Cognitive and Affective Processes

(continued)

Field Experience Exercises *(continued)*

Resource	Competency Dimension
Addiction Studies Practicum Manual http://my.jessup.edu/psych/wp-content/uploads/sites/40/2017/02/Practicum-manual-master-2016.pdf.	Knowledge Values Skills Cognitive and Affective Processes
Assessing Workforce Diversity: A Tool for Mental Health Organizations on the Path to Health Equity http://www.cars-rp.org/_MHTTC/docs/Assessing-Workforce-Diversity-Tool.pdf	Knowledge Values Cognitive and Affective Processes
Clinical counseling with an emphasis in addiction: Practicum Manual, Guidelines, and Contract https://www.ecu.edu/cs-dhs/dars/upload/0117_MS_CC_Practicum_Manual.pdf.	Knowledge Values Skills Cognitive and Affective Processes
Substance Abuse Practicum https://www.oakton.edu/about/index.php	Knowledge Values Skills Cognitive and Affective Processes

Assignments

Resource	Competency Dimension
This assignment will help students practice cultural humility by being open to the client's story, history, and cultural and ethnic self-perceptions and by exploring the intersectionality of their world and experiences. Interview someone from an underrepresented culture or ethnicity other than your own and create a culturagram of their family and family experiences as well as a genogram. socialworkculturagram.weebly.com/culturagrams.html https://www.genopro.com/genogram/	Knowledge Values Skills

(continued)

Assignments *(continued)*

Resource	Competency Dimension
Assessment and Treatment Planning Case Assignment https://optometriceducation.org/wp-content/uploads/2016/10/FINAL-7-19-16-Cultural-Competency-Case-Studies.final_.pdf	Knowledge Values Skills Cognitive and Affective Processes
Understanding and Identifying Yourself (Identity) Writing and Reflection Paper To effectively practice cultural humility when working with people engaged in recovery and other substance use–related services, social workers must first understand themselves; self-awareness and understanding one's internal biases are essential. It is also important to be open to exploring and learning similarities and differences of others. For this assignment, students will write a 3- to 5-page paper, briefly introducing themselves by identifying their social identities, privilege, marginalized status, and so on. They will explore their intersectional social identities. In this assignment, students will have the opportunity to familiarize themselves with a variety of diversity-related concepts and terminology that is integral in understanding and implementing the practice behaviors of Competency 2. Warning: This assignment asks students to explore and discuss some detailed personal information that they may elect not to share, so assignment modification is encouraged. Be sure to include the following: • Name, where you are from (social location), and family of origin. • Identify, define, and discuss individual identities and demographics (e.g., ethnicity, gender identity, sexual orientation, religious and spiritual preference, educational status, socioeconomic status, limitations and disabilities). • Define multicultural humility and intersectionality and write about how you would demonstrate understanding of these terms. • Identify and discuss your implicit biases that may affect how you engage with clients or deliver services. • Discuss how you will engage in ongoing self-reflection of your identities, to maintain self-awareness and multicultural humility.	Values Skills Cognitive and Affective Processes

(continued)

Assignments *(continued)*

Resource	Competency Dimension
Journal Assignment: Case Vignette This writing assignment allows students to briefly explore a case example and to work on using a strengths-based perspective that facilitates understanding of substance use and its impact on diverse situations for individuals, families, and their unique stories. Students will read through the case vignette and answer the questions provided below. Alyssa is a 15-year-old, African American, cisgender girl. She lives with her mother, who is a single parent, works long hours, and lives in Section 8 housing. Alyssa's biological father lives locally but is inconsistent in Alyssa life. She and her younger brother (who is 11) have always been very close; Alyssa is often like a second mom to him. This is Alyssa's sophomore year in high school, and she has recently started hanging out with some of the more popular kids in her school. At one of the first parties she was invited to, many of her peers were drinking alcohol and smoking cannabis, and some of them were snorting Percocet that one of the kids had stolen from his parents. She tried some cannabis and Percocet and has found that she really liked the high. Since then, she has been experimenting with and using a variety of substances: alcohol, pot, inhalants, Percocet, and some cocaine. Her grades have started slipping, and she has become more and more moody and depressed. Her mother has noticed the change in her mood and behavior, but when she confronts her, Alyssa just tells her to leave her alone. Her mom has always tried to give Alyssa privacy and encouraged her to be independent, so she doesn't want to pry or push too much. However, she is worried that Alyssa's behavior is becoming increasingly erratic and oppositional. She has stopped spending time with many of her old friends, and she is often mean and sarcastic to family members and her younger brother. Alyssa has started becoming more depressed, and her school counselor recently confronted her about some scars on her arms. Alyssa admitted that she had started cutting herself recently as well. 1. What multicultural, environmental variables and developmental issues (e.g., cognitive development, life stage, social context) are affecting Alyssa's substance use? Explain. 2. Describe Alyssa's intersectional self and explain. 3. What developmental issues or multicultural variables (e.g., cognitive development, life stage, social context) may affect Alyssa's recovery? 4. What interventions would you use to address Alyssa's issues? What would you do first?	Knowledge Values Skills Cognitive and Affective Processes

Learning Activities	
Resource	**Competency Dimension**
Circles of My Multicultural Self This in-class exercise explores different perceptions of identity and how implicit bias can cause harm. http://www.edchange.org/multicultural/activities/circlesofself_handout.html	Knowledge Values Skills Cognitive and Affective Processes
Ontario Resource Group. (2010), pp. 32–33. The Ontario Resource Group on Gambling, Ethnicity and Culture (2010, p. 11). https://www.greo.ca/Modules/EvidenceCentre/files/Young%20et%20al(2010)The_treatment_and_prevention_of_PG_in_Ontario.pdf	Knowledge Values Skills Cognitive and Affective Processes
Ontario Resource Group on Gambling, Ethnicity and Culture. (2010, March). A guide for counselors working with problem gambling clients from ethno-cultural communities. http://www.problemgambling.ca/EN/Documents/GuideforCounsellorsWorkingWithProblemGamblingClientsfromEthno_culturalCommunities.p	Knowledge Values Skills Cognitive and Affective Processes
Van Wormer, K., & Davis, D. R. (2018) *Addiction treatment: A strengths perspective* (4th ed.). Cengage.	Knowledge Values Skills Cognitive and Affective Processes

Competency 3

Advance Human Rights and Social, Economic, and Environmental Justice

COMPETENCY DESCRIPTION

Social workers working with substance use understand that there are biological, psychological, historical, cultural, economic, and environmental components that contribute to SUDs. Social workers understand that barriers are erected out of an unconscious bias or conscious desire to subjugate disenfranchised individuals, families, groups, and communities based on disability, income, ethnic, racial, or immigrant status, or sexual orientation and gender identity expression. Social workers intervene at multiple systemic levels to empower vulnerable people and their surrounding systems, including prisons and mental health and medical settings, and recognize that there are multiple ways into and out of SUDs that do not include moral deficits. Social workers promote social and economic justice while also reducing a range of injustices, including limited affordability and accessibility to treatment and prevention services, punitive drug enforcement policies and differential sentencing practices, and discrimination against people who use drugs. Substance use and addiction can be the consequences of multilevel social determinants of health that shape risk and protective factors for developing SUDs, as well as the resources available. Certain individuals, families, communities, and groups are disproportionately affected by substance use due to racism, sexism, trauma, economic injustice, and complex global systems of capitalism, finance, and war.

COMPETENCY BEHAVIORS

- Demonstrate awareness of the economic and political drivers of substance use and SUDs that are fueled by oppression of disenfranchised and marginalized groups.
- Intervene to promote and transform current systems to those that include a culture of recovery, social justice, and equity at the social service, public health, and criminal justice levels through community, tribal, national, and global policy interventions.
- Address substance use on multiple levels, including globally, and understand how colonialization, imperialism, oppression, and community, historical, and intergenerational traumas promote oppressive practice.
- Value self-determination in advocating for people assigned to the criminal justice system, rather than the health system, as diversion programs apply systematic bias in who receives treatment versus who goes to jail.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Beckett, K., Nyrop, K., & Pfingst, L. (2006). Race, drugs, and policing: Understanding disparities in drug delivery arrests. *Criminology*, *44*(1), 105–137.	Knowledge Values Skills
Bowen, E. A., & Walton, Q. L. (2015). Disparities and the social determinants of mental health and addictions: Opportunities for a multifaceted social work response. *Health & Social Work, 40*(3), e59–e65.	Knowledge Values Cognitive and Affective Processes
Burtle, A. (2010–2013). *What is structural violence?* http://www.structuralviolence.org/structural-violence/	Knowledge Values Skills

(continued)

Readings *(continued)*

Resource	Competency Dimension
Daly, C. (2018, October 23). The world's war on drugs has failed yet again. *Vice*. https://www.vice.com/en_us/article/a3ppbz/the-worlds-war-on-drugs-has-failed-yet-again	Knowledge Skills Cognitive and Affective Processes
Davis, A. (2019). Historical knowledge of oppression and racial attitudes of social work students. *Journal of Social Work Education, 55*(1), 160–175. https://doi.org/10.1080/10437797.2018.1498419	Knowledge Values Skills Cognitive and Affective Processes
Drug Policy Alliance. *Latinx and the drug war.* http://www.drugpolicy.org/latinxs-and-drug-war	Knowledge Values
Drug Policy Alliance. (2017, July). It's time for the U.S. to decriminalize drug use and possession. *DRA Report.* http://www.drugpolicy.org/resource/its-time-us-decriminalize-drug-use-and-possession	Knowledge Values Cognitive and Affective Processes
Ferrer, B., & Connolly, J. M. (2018). Racial inequities in drug arrests: Treatment in lieu of and after incarceration. *American Journal of Public Health, 108*(8), 968–969. doi:10.2105/AJPH.2018.304575	Knowledge Values Skills Cognitive and Affective Processes
Hart, C. (2014, January 29). How the myth of the "negro cocaine fiend" helped shape American drug policy. *The Nation.* https://www.thenation.com/article/how-myth-negro-cocaine-fiend-helped-shape-american-drug-policy/	Knowledge Values Cognitive and Affective Processes
Iguchi, M. Y., Bell, J., Ramchand, R. N., & Fain, T. (2005). How criminal system racial disparities may translate into health disparities. *Journal of Healthcare for the Poor and Underserved*, *16* (4), 48–56.	Knowledge Values

(continued)

Readings *(continued)*

Resource	Competency Dimension
International Network of People who Use Drugs (INPUD). (2015). *The human rights of and demands from people who use drugs.* http://inpud.net/rights_and_demands_2015.pdf	Knowledge Values
International Network of People who Use Drugs (INPUD). (2018, November 1). *INPUD statement: International Drug Users' Day.* http://www.inpud.net/sites/default/files/International%20Drug%20Users%20Day%20One%20Pager%202018%20Final.pdf	Knowledge Skills
Lopez, G. (2017, April 4). When a drug epidemic's victims are White: How racial bias and segregation molded a gentler rhetorical response to the opioid crisis. *Vox*. https://www.vox.com/identities/2017/4/4/15098746/opioid-heroin-epidemic-race	Knowledge Values Cognitive and Affective Processes
Mitchell, O., & Caudy, M. S. (2015). Examining racial disparities in drug arrests. *Justice Quarterly*, *32*(2), 288–313.	Knowledge Skills
Mooney, A. C., Giannella, E., Glymour, M. M., Neilands, T. B., Morris, M. D., Tulsky, J., & Sudhinaraset, M. (2018). Racial/ethnic disparities in arrests for drug possession after California Proposition 47, 2011–2016. *American Journal of Public Health*, *108*, 987–993.	Knowledge Values Skills
Moore, L. D., & Elkavic, A. (2008). Who's using and who's doing time: Incarceration, the war on drugs, and public health. *American Journal of Public Health*, *98*(suppl 1), S176–S180. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2374804/	Knowledge Values
Neuspiel, D. (1996). Racism and perinatal addiction. *Ethnicity & Disease, 6,* 47–55.	Knowledge Values Skills
Neuspiel, D. R., Zingman, T. M., Templeton, V. H., DiStabile, P., & Drucker, E. (1993). Custody of cocaine-exposed newborns: Determinants of discharge decisions. *American Journal of Public Health, 83*, 1726–1729.	Knowledge Values Skills

(continued)

Readings *(continued)*

Resource	Competency Dimension
Roberts, S. C., & Nuru-Jeter, A. (2012). Universal screening for alcohol and drug use and racial disparities in child protective services reporting. *Journal of Behavioral Health Services and Research*, *39* (1), 3–16.	Knowledge Values Cognitive and Affective Processes
Sanders-Phillips, K., Kliewer, W., Tirmazi, T., Nebbitt, V., Carter, T., & Key, H. (2014). Perceived racial discrimination, drug use, and psychological distress in African American youth: A pathway to child health disparities. *Journal of Social Issues, 70*(2), 279–297.	Knowledge Skills Cognitive and Affective Processes
Watson, C. (2015). When "Just Say No" is not enough: Teaching harm reduction. *The New Social Worker*. https://www.socialworker.com/extras/social-work-month-2015/when-just-say-no-is-not-enough-teaching-harm-reduction/	Knowledge Values

Learning Activities

Resource	Competency Dimension
Debate Discuss the Anti–Drug Abuse Bill of 1988 in a debate format. One side makes the argument that the bill is needed for the greater good because of the societal effect of the cocaine "epidemic" in the United States. The opposing side takes the position that the bill is unfair to people of color, who typically smoke crack rather than use powder cocaine. https://www.govinfo.gov/content/pkg/STATUTE-102/pdf/STATUTE-102-Pg4181.pdf Students will understand the Anti–Drug Abuse Bill of 1988 and be able to explain how disparities in sentencing, when the result is highly correlated with race, violate the principle of social justice. Students will learn how to understand the social context and the characteristics of a bill.	Knowledge Skills
Small Group Discussion Currently, most states in the United States have decriminalized marijuana use to some extent. Discuss the following question within small groups with the expectation that each group will share highlights from their conversation within the larger class-wide discussion.	Knowledge Skills Cognitive and Affective Processes

(continued)

Learning Activities *(continued)*

Resource	Competency Dimension
Specifically, when the laws change, how do we respond to people who currently hold criminal records, are under probation, or are in jail or prison for marijuana-related crimes? To put this into context, marijuana crimes typically account for about 30% of drug arrests, which means a large proportion of people have been affected by activities that are no longer viewed in the same way (i.e., the same activity that once was a felony shifts to a misdemeanor). See Appendix 3A. Discuss state-level policy changes related to marijuana use and sales and identify policy preferences for social control, regulation, and social allowance. Students will be able to critically identify the benefits and challenges that come with any policy decision. Reflect on how personal preferences, experiences, and one's understanding may bias reactions and subsequent responses to changing policies and attitudes.	
Panel Presentation Social work students will break into groups to present a panel discussion of the interconnections of drug use and dependence, oppression, and human rights violations among Native Americans, by examining historical cultural trauma. Skewes, M. C., & Blume, A. W. (2019). Understanding the link between racial trauma and substance use among American Indians. *American Psychologist, 74*(1), 88–100. https://psycnet.apa.org/record/2019-01033-008 Students will be able to identify how historical trauma and oppression of Native Americans are related to drug use and dependence. Students value social justice for groups that historically have been oppressed because of their cultural group. Students will gain practice in developing a presentation and presenting information about a topic. Social workers must become sensitized to the oppression of Native Americans and how people from other groups benefit from their oppression.	Knowledge Values Skills Cognitive and Affective Processes
Group Assignment Assign each group a drug and have them trace major policy initiatives around that drug. Have them identify the people most affected by the policy and what implications this has had or will have for that population. Students will determine whether the policy is accomplishing the original intent and what changes could be made to increase the policy's effectiveness. Students will understand how policies, although well intentioned, can adversely affect certain populations. Students will be able to critically analyze a policy and understand the impact it has on people. Students must be able to identify stakeholders and what they need to effectively carry out their parts.	Knowledge Skills Cognitive and Affective Processes

(continued)

Learning Activities (continued)

Resource	Competency Dimension
Group Assignment As a member of a group, students will pick a harm reduction strategy and teach the class about this strategy. They should identify the pros and cons of the strategy and review the necessary components to implement this strategy and possible barriers to implementing it in their state. Their information should be shared with the class. Students will gain knowledge of a variety of harm reduction strategies. Students must be able to identify their biases that provide barriers to harm reduction treatment. Students will be able to critically analyze harm reduction strategies and discuss the pros and cons of implementing a strategy in their state.	Knowledge Values Skills
Presentation Create small piles of cards with the names of different ethnic groups (e.g., African American, Asian American, Caucasian, Latinx). Add different categories for gender and mix them up with the ethnic groups. Then create a pile of various income levels and a pile with various other circumstances (e.g., disability, diabetes, HIV/AIDS, felony criminal history, Ivy League education, 9th grade education, misdemeanor criminal record). Next, create a pile for different levels of drug use (e.g., recreational use, drug dependent, occasional use, no drug use). Finally, create a pile for different types of support (e.g., no support, estranged from family, a few friends with similar backgrounds and support, full family support). Students will choose a card from each pile and journal how this constellation of attributes could affect the client care for this hypothetical client. Include how these attributes could affect the client's recovery and what they would do to help this person. Students will present this information to the class and talk about what it would be like to try to help this person. As a class, the students will debrief the exercise and talk about the implications for practice. Students will critically examine various clients' situations and how a constellation of factors can affect a person's ability to recover. Social workers must be able to identify their preconceived notions about privilege and disabilities. Students will learn how to create a treatment plan with a variety of clients, drawing on the available resources within the person's network and in their city or state. Students will be asked to explore their own perceptions about specific attributes and reflect how these perceptions change or are influenced by one's own biases.	Knowledge Values Skills Cognitive and Affective Processes

Assignments	
Resource	**Competency Dimension**
Students will identify the neighborhoods in their city that have a low proportion of treatment centers per resident. They will write a report that presents empirical data showing the correlation of treatment options and incarcerations for drug-related offenses. Students will advocate for social justice by writing their state representatives to present their findings. Students will be able to articulate the data that explore the relationship between density of treatment centers and rates of incarceration. Social workers value a society that addresses public health needs. Students will write letters to their representatives stating their arguments.	Knowledge Values Skills
Compare popular media's portrayal of drug use among Latinx with evidence from the scholarly literature. Pay careful attention to the following article: Salas-Wright, C. P., Vaughn, M. C., & Goings, T. C. (2017). Immigrants from Mexico experience serious behavioral and psychiatric problems at far lower rates than US-born Americans. *Social Psychiatry & Psychiatric Epidemiology, 52*, 1325–1328. Students will discuss differences in scholarly information regarding drug use among Latinx and compare the findings to state and federal policies that are targeted to Latinx.	Knowledge
Students will work in groups of four or five people for this assignment. Each group will be assigned a specific type of substance (e.g., nicotine or vaping, alcohol, marijuana, methamphetamines, opioids) for which they will research the following: • Their group's initial understanding and perceptions of the substance • The psychotropic effects of the substance and the biological, psychological, social, economic, and environmental consequences of using the substance • Five examples of how public messaging through media, social media, or community discussion boards (e.g., Reddit) portray this substance Students will prepare a 20-minute presentation that discusses (1) their initial perceptions, (2) how these perceptions changed with empirical evidence for psychotropic effects and associated consequences, (3) their selection of public messaging examples, and (4) an analysis of how public messaging aligns or misaligns with evidence and how it might influence perceptions of the substance. Students will identify the actual effects and consequences of a specific substance in addition to public discourse associated with use of this substance. Students will evaluate how public messaging conveys values that may or may not align with empirical evidence. Students will use critical thinking skills to compare the relative influences of evidence and public messaging. Students will be asked to explore their own perceptions or biases about a specific substance and reflect how their perceptions change or are influenced by empirical evidence.	Knowledge Values Skills Cognitive and Affective Processes

Media	
Resource	**Competency Dimension**
TEDMED Talk, "Let's Quit Abusing Drug Users." . https://www.youtube.com/watch?v=C9HMifCoSko	Knowledge Values Skills Cognitive and Affective Processes
Gounder, C. (2018). *In Sickness and in Health* podcast: season 2, episode 11, "Race and the War on Drugs."	Knowledge Values
Gounder, C. (2018). *In Sickness and in Health* podcast, season 2, episode 6, "Cops as Social Workers?"	Knowledge Values
Video: Open Society Foundation, Human Rights, and International Drug Control. https://www.opensocietyfoundations.org/voices/parallel-universes-human-rights-and-international-drug-control	Knowledge Values

Field Activities	
Resource	**Competency Dimension**
Students will advocate for social justice at the macro system level by traveling to their state house to meet with their district representatives. Students will advocate for legislation that appropriates funding for treatment agencies in neighborhoods that are underserved in order to decrease drug abuse among marginalized groups. Research shows that treatment centers are less available in high–drug use areas than in privileged areas with low levels of drug use. Students will address how increasing equitable access to drug treatment must be based on demand.	Knowledge Values

(continued)

Field Activities *(continued)*

Resource	Competency Dimension
Students will engage in a field activity that advances environmental justice. Students will form groups to discuss strategies identified by activists they see as effective in reducing alcohol-related problems. Groups will choose one activity identified by the authors and apply it in the community. [Drabble, L., & Herd, D. (2014). Strategies employed by inner-city activists to reduce alcohol-related problems and advance social justice. *Journal of Ethnicity in Substance Abuse, 13*, 362–384]. Students will learn at least three strategies that activists use to address drug use and dependency in the community. Students will address the importance of intervening at the macro level to advocate for individuals, families, and groups that are affected by drug use in the community.	Knowledge Values
Students will write a paper to be addressed to the Appropriation Committee of Congress that will support the fundamental human right to behavioral health care. Students will advocate for community-based treatment centers rather than treatment at inpatient settings. They will present evidence that African Americans who are less likely to be able to afford inpatient drug treatment may be more successful if the treatment is community based. White, W. L., & Sanders, M. (2008). Recovery management and people of color: Redesigning addiction treatment for historically disempowered communities. *Alcoholism Treatment Quarterly, 26*, 365–395. Students will explain the importance of nonacute care for drug dependence among different ethnic groups and advocate for marginalized people who use or are dependent on drugs.	Knowledge Skills
Students will attend two AA or two NA meetings. The two meetings should be in socioeconomically different geographic areas. The students then write a self-reflective report comparing what they expected to see at the meetings with what they experienced. See Appendix 3B for instructions. Students will learn how 12-step meetings are structured and that people from all walks of life attend them. Students will identify personal biases they had about people who use drugs or are alcohol or drug dependent. Social workers must develop empathy for people who use or are dependent on drugs. One way to develop empathy is to listen to their stories and try to identify with them.	Knowledge Values Cognitive and Affective Processes

APPENDIX 3A: LEARNING ACTIVITIES ON CHANGING MARIJUANA POLICIES AND ATTITUDES

Currently, most states in the United States have decriminalized marijuana use to some extent.

This major shift in drug laws raises the question, "When the laws change, how do we respond to people who currently hold criminal records, are under probation, or are in jail or prison for marijuana-related crimes?" To put this question into context, marijuana crimes typically account for about 30% of drug arrests, which means a large proportion of Americans have been affected by activities that are now no longer viewed in the same way (e.g., the same activity that once was a felony is now a misdemeanor).

In small groups, discuss the following:

1) What are the consequences of having a criminal record?
2) Although marijuana is used at similar rates across racial and ethnic groups, criminal arrests for marijuana-related crimes occur predominantly among Black, Hispanic, and Native American populations. How does this differentially affect communities of color?
3) Should we expunge past marijuana convictions to reflect the current laws?
    a. How does removing past convictions potentially change the lives of people with past criminal records or those who are on probation or currently in jail or prison for marijuana-related crimes?
    b. What are the potential unintended consequences of removing past marijuana convictions for communities and society?

APPENDIX 3B: FIELD ASSIGNMENT ON DETECTING BIASES ABOUT PEOPLE WHO USE DRUGS OR ARE ALCOHOL OR DRUG DEPENDENT

Most people have preconceived notions about the kind of person who attends AA or NA. Attending meetings is a good way to examine one's biases about people in recovery. Students will attend two AA or two NA meetings. The two

meetings should be in socioeconomically different geographic areas. The students then to write a self-reflective report comparing what they expected to see at the meetings with what they experienced.

The objectives of the paper:

1) Compare what you expected the people at the meetings to be like with what you experienced.
2) Explain how meetings in the less affluent neighborhood were similar to or different from meetings in a more affluent neighborhood.
3) What about their stories or comments surprised you?

For the actual experience, follow these directions:

1) Meetings are idiosyncratic and differ from group to group. Go to at least two of the same type of meetings in different neighborhoods so you will get a wider sense of 12-step meetings than you would get with just one meeting. Don't mix and match; attend either two AA or two NA meetings, not one AA and one NA, and not in the same neighborhood.
2) The codes for the types of meeting are accessible on their websites. For example, an open discussion meeting is coded "OD." Go only to open ("O") meetings, not closed ("C") meetings. Open meetings are designed for people who are family members, friends, therapists, and other interested parties.
3) Closed meetings are closed to everyone who doesn't want to stop drinking or using drugs. Those meetings begin with "C." For example, a closed discussion meeting is listed as "CD."
4) Go to speaker or discussion meetings so you can listen to people talk about their experiences. It won't be that helpful to go to literature meetings (e.g., Big Book ["BB"], Step Study ["SS"], or As Bob Sees It [ABSI]), because most of the meeting will be devoted to reading. Don't go to a meditation ("M") meeting, because no one will be speaking.

Competency 4

Engage in Practice-informed Research and Research-informed Practice

COMPETENCY DESCRIPTION

Social workers working with individuals and communities affected by substance use learn and develop skills to evaluate research and think critically about substance use and SUDs. Social workers use theoretical frameworks, psychometric instruments, and diverse approaches to contextualize the practice and research relationship. Social workers integrate experience with theory to use practice-based evidence to monitor treatment effectiveness, inform scientific inquiry, and enrich research on substance use.

Social workers recognize the systemic disconnect between substance use services and the larger healthcare system—and how this contributes to the gap between research and practice. Social workers use interdisciplinary research that integrates biological, psychological, social, cultural, historical, and other contextual factors relevant to substance use research, practice, and policy. Social workers respect human dignity and are particularly mindful of the impact of stigma, discrimination, and marginalization on substance use research and practice.

COMPETENCY BEHAVIORS

- Recognize the role of participants in research on substance use. Use research in practice that reflects the dignity and autonomy of participants in substance use research and abides by the principles of ethical research. Recognize personal biases when engaging in research-informed practice and practice-informed research.

- Use substance use–relevant theory, research literature, and practice experience to inform scientific inquiry and practice evaluation and continually critique and evaluate the effectiveness of theoretical frameworks, psychometric instruments, and approaches that explain or predict, assess, and treat SUDs.
- Apply the hierarchy of evidence to compile, synthesize, and apply substance use research to inform treatment approaches through effective dissemination and implementation strategies.
- Use research to contextualize evidence-based practice and policy approaches, depending on the substance use setting, developmental stage or phase, and cultural background, seeking input from the populations directly affected by substance use to inform research and guide its derivatives.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Begun, A. L., & Gregoire, T. (2014). *Conducting substance use research*. Oxford University Press.	Knowledge
Castonguay, L. G., Eubanks, C. F., Goldfried, M. R., Muran, J. C., & Lutz, W. (2015). Research on psychotherapy integration: Building on the past, looking to the future. *Psychotherapy Research, 25*(3), 365–382.	Knowledge Cognitive and Affective Processes
Damschroder, L. J., & Hagedorn, H. J. (2011). A guiding framework and approach for implementation research in substance use disorders treatment. *Psychology of Addictive Behaviors, 25*(2), 194–205.	Knowledge Cognitive and Affective Processes
Goodman, J. D., McKay, J. R., & DePhilippis, D. (2013). Progress monitoring in mental health and addiction treatment: A means of improving care. *Professional Psychology: Research and Practice, 44*(4), 231–246.	Knowledge

(continued)

Readings *(continued)*

Resource	Competency Dimension
Knudsen, H. K., & Roman, P. M. (2014). Innovation attributes and adoption decisions: Perspectives from leaders of a national sample of addiction treatment organizations. *Journal of Substance Abuse Treatment, 49,* 1–7.	Knowledge Values
McGovern, M. P., & Carroll, K. M. (2003). Evidence-based practices for substance use disorders. *Psychiatric Clinics of North America, 26*, 991–1010.	Knowledge Values
Mee-Lee, D., McLellan, T. A., & Miller, S. D. (2010). What works in substance abuse and dependence treatment. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2nd ed., pp. 393–417). American Psychological Association.	Knowledge Cognitive and Affective Processes
Miclette, M. A., Leff, J. A., Cuan, I., Samet, J. H., Saloner, B., Mendell, G., . . . Meisel, Z. F. (2018). Closing the gaps in opioid use disorder research, policy and practice: Conference proceedings. *Addiction Science & Clinical Practice, 13*(22), 1–6.	Knowledge Values
Miller, W. R., Sorensen, J. L., Selzer, J. A., & Brigham, G. S. (2006). Disseminating evidence-based practices in substance abuse treatment: A review with suggestions. *Journal of Substance Abuse Treatment, 31,* 25–39.	Knowledge Values
The National Center on Addiction and Substance Use at Columbia University. (2012). *Addiction medicine: Closing the gap between science and practice.* Author.	Knowledge Values Cognitive and Affective Processes
National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1978). *The Belmont report: Ethical principles and guidelines for the protection of human subjects of research.* U.S. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research.	Knowledge Values Cognitive and Affective Processes
O'Hare, T. (2015). *Evidence-based practices for social workers: An interdisciplinary approach* (2nd ed.). Lyceum Books.	Knowledge Cognitive and Affective Processes

(continued)

Readings *(continued)*

Resource	Competency Dimension
Seitz, J., & Mee-Lee, D. (2017). Feedback-informed treatment in an addiction treatment agency. In D. S. Prescott, C. L. Maeschalck, & S. D. Miller (Eds.), *Feedback-informed treatment in clinical practice: Reaching for excellence* (pp. 231–248). American Psychological Association.	Knowledge
Tabak, R. G., Khoong, E. C., Chambers, D., & Brownson, R. C. (2012). Bridging research and practice: Models for dissemination and implementation research. *American Journal of Prevention Medicine, 43*, 337–350.	Knowledge
Wells, E. A., Kristman-Valente, A. N., Peavy, K. M., & Jackson, T. R. (2013). Social workers and delivery of evidence-based psychosocial treatments for substance use disorders. *Social Work in Public Health, 28*(3–4), 279–301.	Knowledge

Learning Activities

Resource	Competency Dimension
Theory-informed research and practice for substance use. See Appendix 4A.	Knowledge Cognitive and Affective Processes
Formulate a research question for substance use research. See Appendix 4B.	Knowledge Values

Field Activities

Resource	Competency Dimension
Evidence-based Practice for Substance Use This activity aims to help students define evidence-based practice (EBP) and differentiate EBP from similar practices, to identify the steps involved in decision-making processes grounded in EBP. The student refers to a practice situation and applies the six steps of the EBP decision-making process as outlined by Drisko (2014); the student develops a research paper, which may be used for practice in field education.	Knowledge Cognitive and Affective Processes

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Field Activities (continued)

Resource	Competency Dimension
Instructions: Refer to the following article: Drisko, J. (2014). Research evidence and social work practice: The place of evidence-based practice. *Clinical Social Work Journal, 42,* 123–133. Identify a client from your field placement who deals with substance use–related problems and use the model in the article to identify an EBP approach to the client's presenting problem. There are six steps in the EBP decision-making process, as described by Drisko (2014, p. 125): 1. Drawing on client needs and circumstances learned in a thorough assessment, identify answerable practice questions and related research information needs. 2. Efficiently locate relevant research knowledge. 3. Critically appraise the quality and applicability of this knowledge to the client's needs and situation. 4. Discuss the research results with the client to determine how likely effective options fit with the client's values and goals. 5. Synthesizing the client's clinical needs and circumstances with the relevant research, develop a shared plan of intervention collaboratively with the client. 6. Implement the intervention. **Write the Paper:** (a) Set the stage by describing the presenting problem and any other information that you will include as a search term. (b) Describe the search terms and literature sources for your research-informed approach (see Drisko, 2014, p. 126). (c) Discuss what you found in the search. (d) Critique each of the articles for its appropriateness for this client's circumstances and preferences. (e) What approach did you select and why? (f) How would you use these methods with your client? Use a pseudonym to refer to your client and avoid revealing personally identifiable information.	

Assignments

Resource	Competency Dimension
Practice-informed Research Project As a project involving higher-order thinking skills (e.g., evaluation and development), this project can be used as a midterm, final, or capstone project for your students. The project is designed as a group assignment, although it may work well as an individual assignment. You may decide to break the assignment down into deliverables throughout the semester, to foster and monitor students' work.	Knowledge Values Cognitive and Affective Processes

(continued)

Assignments *(continued)*

Resource	Competency Dimension
Step 1: Configure student groups based on work at similar agencies or with similar populations. Identify a practice challenge as it relates to a specific population. Some examples of practice challenges pertinent to substance use include screening, assessment, client engagement and retention, intervention, relapse, readmission, and ineffective or nonexistent agency policies or procedures. Ask students to provide a report in which they do the following: • Present a detailed analysis of the population, problem, setting, and practice challenge. Say, for example, that a group is formed with students placed at behavioral health facilities providing services to adult clients with substance use–related issues. In this example, the practice challenge involves increasing client engagement, because very few clients present for treatment for SUDs after completing screening. • Although the characteristics of the adult clientele at various facilities vary, students may describe demographic characteristics of the clientele and aspects relevant to substance use, such as mean age at substance use initiation, drug use types, patterns, and trajectories, and mean number of treatment episodes. What are the characteristics of the community in which clients live? Is this a predominantly urban or rural area? • Indicate the desired outcome. Students need to discuss outcome measures and how they will go about collecting data and measuring the desired outcome. **Step 2:** Gather information on problem resolution to achieve desired outcome. Review information and options and reach a consensus on which options to select for implementation. Possible steps include the following: • *Consultation with key stakeholders, clients, staff, or experts in the field*. Students discuss baseline characteristics of the problem, focusing on variables that may explain the problem. Students may be encouraged to differentiate between person-level variables related to the problem (e.g., clients' disagreement with diagnosis or treatment plan) and contextual variables (e.g., accessibility and transportation to the clinic). Students discuss problem framing, that is, how and by whom the problem is being defined (e.g., how well clients accept a diagnosis of substance use disorder). Students may find it helpful to use the "stages of change" model in defining the problem and building empathy toward clients. The preceding analysis serves as the basis for a course of action aiming to alleviate the problem at stake. • *Reviews of best practice literature and research*. Students need to consult peer-reviewed literature that supports their choice of course of action. You may encourage students to refer to the hierarchy of evidence (e.g., prioritizing study designs such as randomized controlled trials, observational studies using propensity-score matching) while consulting systematic reviews and meta-analyses.	

(continued)

Assignments (continued)

Resource	Competency Dimension
Step 3: Create a logic model to guide selection of new or altered intervention. • Problem-solve implementation challenges and propose strategies. Ask the student to compare the approach (if any) currently being implemented at the agency to (e.g., to deal with client engagement) and the theoretical approached proposed in the logic model. You may refer to the University of Kansas Community Toolbox (2018) for information on how to develop a logic model. **Step 4:** Select and design an evaluation strategy to measure achievement of the desired outcome. • Discuss anticipated outcomes and anticipated successes and challenges associated with project implementation. Try to capitalize on using or modifying existing agency data sources. Consider both quantitative and qualitative data collection and analysis methods, including client self-report data. Ask the students to discuss issues with confidentiality of client records (how client data will be stored and who will access the data) and special considerations relevant to substance use as they propose to measure progress toward problem resolution. Create comparison groups (e.g., business as usual, retrospective data), as feasible. Present a report with the findings and specify how each student in the team contributed to the work behind the report.	
Evaluating Evidence-based Practice for Unique Populations The aim of this assignment is to help the students analyze and synthesize literature on treatment models for SUDs, focused on a population of interest. **Instructions:** Each student selects a population affected by substance use–related problems and locates five peer-reviewed studies that evaluate a treatment model effective for the problem and selected population. For example, a student analyzes five studies that show that cognitive–behavioral therapy appears to work well for adolescents with cannabis use disorder. Provide the following instructions to the student: 1. Describe the population you are exploring. This section should include general demographics and a description of why this population is considered to benefit from the unique approach. 2. Name and provide the citation for the article. 3. Provide a brief description of the study. 4. Describe the sample and methods for the study. 5. Describe the treatment model being evaluated. 6. Mention the study limitations, as described by the researchers. 7. Paraphrase the conclusions of the study. 8. Provide *your* conclusions about the usefulness of the treatment model for the population (this requires a thorough review of all articles). Do not use quotes in this paper. Refer to peer-reviewed scientific literature and, except for citing statistics, do not refer to websites.	Knowledge Skills

Guides and Toolkits	
Resource	**Competency Dimension**
Michigan Department of Community Health Bureau of Substance Abuse and Addiction Services Evidence-based Workgroup • *Guidance document: Selecting, planning, and implementing evidence-based interventions for the prevention of substance use disorders*. https://www.michigan.gov/documents/mdch/Mich_Guidance_Evidence-Based_Prvn_SUD_376550_7.pdf National Institute on Drug Abuse • *Harnessing the power of science to inform substance abuse and addiction policy and practice*. https://archives.drugabuse.gov/testimonies/2014/harnessing-power-science-to-inform-substance-abuse-addiction-policy-practice • *Preventing drug use among children and adolescents: A research-based guide for parents, educators, and community leaders* (2nd ed.). https://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf • *Principles of drug addiction treatment: A research-based guide* (3rd ed.). https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment Substance Abuse and Mental Health Services Administration • Evidence-Based Practices Resource Center: https://www.samhsa.gov/ebp-resource-center • Prevention Resources: https://www.samhsa.gov/prevention-week/toolkit/prevention-resources • Medications for Opioid Use Disorder: https://store.samhsa.gov/system/files/sma18-5063fulldoc_0.pdf • Tennessee Department of Mental Health & Substance Use Services • *Substance use best practice tool guide*. https://www.tn.gov/behavioral-health/substance-abuse-services/treatment---recovery/treatment---recovery/substance-use-best-practice-tool-guide.html	Knowledge Values Cognitive and Affective Processes
University of the Washington Alcohol, Drug Abuse Institute, and the Northwest Frontier Addiction Technology Transfer Center • *Evidence-based practices for substance use disorders*. http://adai.uw.edu/ebp/x National Association of Social Workers • *NASW standards for social work practice with clients with substance use disorders*. https://www.socialworkers.org/Practice/Practice-Standards-Guidelines	

APPENDIX 4A: THEORY-INFORMED RESEARCH AND PRACTICE FOR SUBSTANCE USE

This activity has three major goals: to identify four person-in-the-environment theories of substance use disorders; to examine these theories while appraising their utility in identifying modifiable factors that deter people from developing substance use–related problems or help manage these problems once initiated; and to foster recognition of the role of theory in social work research and practice for people with substance use–related problems.

A week before the session, ask your students to read and analyze the following two articles:

> Tsang, N. (1998). Beyond theory and practice integration in social work: Lessons from the west. *International Social Work, 41*(2), 169–180.
>
> Moos, R. H. (2007). Theory-based processes that promote the remission of substance use disorders. *Clinical Psychology Review, 27*(5), 537–551.

Begin the activity by asserting that integrating theory and practice in social work can be challenging (perhaps you might bring up examples from your own clinical practice that attest to the challenge). Mention that theories can be very useful in social work practice for people with SUDs. Refer to the article by Tsang (1998) and ask students to ponder the following quotes:

Social work theories

- "provide a useful tool for understanding, and as such provide a frame of reference to gain insight and expand alternatives for the practitioner who is often 'stuck' and 'locked' in practice situations with no easy answer for problem framing and solving" (p. 173)
- "inform the social workers about the nature of problems, and propose certain justifiable courses of action" (p. 173)
- "serve as a guide for analysis and action, a model for practice, a tool for understanding human behavior and feelings" (p. 172)

Ask students to brainstorm and write on the board examples, whether from field education, volunteer, or prior work experience, that relate to any of the

quotes. If few or no examples are provided, instruct students to come up with hypothetical situations which may embody the meaning behind any of the quotes. Finally, provide an example of your clinical experience relating to any of the quotes.

Transition to a conversation focused on theory and practice for substance use. Mention that many social workers try to help their clients identify and promote factors with the potential to protect them from developing substance use–related problems or help them alleviate such problems once initiated and that theories of human behavior may help with the task at hand. Bring up the four theories mentioned in the article by Moos (2007): social control theory, behavioral economics/behavioral choice theory, social learning theory, and stress and coping theory.

Divide the students into four groups and assign one of the theories to each group. Ask the students in each group to refer again to the article (Moos, 2007) and study only their assigned theory. Tell the students that, in a table drawn on the board, they will be asked to summarize the information about their theory and that they will prepare and present a report including the theory name, theory definition, theory processes or concepts, and modifiable factors and variables per the theory. To guide your students, you might decide to present the following example, applicable to social learning theory:

Theory Name	Theory Definition	Theory Processes or Concepts	Modifiable Factors and Variables
Social learning theory	(Here, students paraphrase the definition of the theory.)	(a) "People who serve as role models set forth patterns of substance use that may be observed and imitated by the individual."	(a) "Romantic partners are likely to influence each other's patterns of substance use."

Ask the students from each group take turns filling in the table on the board with the information pertinent to their theory, presenting it to the group. Students may refer to findings from research studies quoted in the article (Moos, 2007) to provide examples of modifiable factors and variables. As students present their work, emphasize the connection between the processes or concepts of the theory and the modifiable factors and variables that the theory points out. Make sure the students in each group cover all major processes or concepts of their assigned theory.

Once the first group has presented their work, continue with the presentations from the three remaining groups. When all groups have finished, have the students return to their seats. Ask all students in the class to consider their role as future social work professionals and write down responses to the following questions. Facilitate a conversation with their responses:

- How could you identify, during assessment or clinical intervention, the modifiable factors or variables that, as outlined by the theory in question, affect your client's patterns of substance use?
- To what extent does diagnosis or the delivery of treatment for SUDs incorporate these processes or principles?
- Which pattern of experiences (if any) observed during field education seems to contradict the processes or principles outlined by the theory?
- What might be your role as a social work professional in closing the gap between theory and practice?

APPENDIX 4B: FORMULATE A RESEARCH QUESTION FOR SUBSTANCE USE RESEARCH

The purpose of this guide is to help the students formulate a research question, which may be necessary for courses such as research methods; the guide may also provide some basis for professional work to research and better understand the substance use–related problems affecting a population.

1) Start by defining research. The term "research" has been defined as the process of "gathering the information you need to answer a question and thereby help you solve a problem" (Booth, Colomb, & Williams, 2003).
2) Think about one of your clients who deals with an SUD and presents for a substance use assessment as referred by Child Protective Services, Adult Probation, or any other agency. Answer the following questions, providing as much detail as possible:
    - What is the problem—as defined by your client, the referring agency, any other stakeholder, and also by you?
    - Who is affected by the problem?

- When and where is the problem happening?
- What are some reasons that may explain, sustain, or aggravate the problem?

3) Use the preceding answers to help you narrow down your research interests. Next, begin to formulate a research question; you might also decide to consider the type of research (exploratory, explanatory, descriptive qualitative or quantitative) that you want to conduct, based on considerations such as available skills and resources. Refer to the PICOT acronym (P, population; I, independent variables; C, control group; O, outcome or dependent variable; T, time period) to tease out the factors involved in the substance use–related problem; note that not every word in the acronym applies to all research designs.

4) Examples of research questions involving a common substance use–related problem for a given type of research study are shown next. Say, for example, that we are concerned about the behavior of Hispanic children who witness methamphetamine use by their parents. We would like to better understand whether these children are at risk for initiating alcohol or drug use during adolescence. Compare the research questions and study types; afterward, as applicable, select the study most appealing to you and replace the text regarding the independent (I) and outcome (O) variables, population (P), time period (T) (and control group [C], as applicable).

   - Exploratory study (research that aims to gain familiarity with a topic):

     Is exposure to methamphetamine use by a parent [I] associated with alcohol or drug use initiation [O] in adolescence [T] among Hispanic children [P]?

   - Explanatory study (research that aims to test a hypothesis):

     Are Hispanic children [P] exposed to methamphetamine use by a parent [I], compared with children who are not exposed to methamphetamine use by a parent [C], at increased risk for initiating alcohol or drug use[O] in adolescence [T]?

- Quantitative descriptive study (research that aims to describe a phenomenon using numbers, primarily):

  What are the demographic characteristics of Hispanic children [P] with a history of exposure to methamphetamine use by a parent [I] who initiate alcohol or drug use [O] in adolescence [T]?

- Qualitative descriptive study (research that aims to describe a phenomenon using data such as text, narratives, or photos):

  How (in what ways) do Hispanic children [P] with a history of exposure to methamphetamine use by a parent [I] initiate alcohol or drug use [O] in adolescence [T]?

REFERENCES

Booth, W. C., Colomb, G. G., & Williams, J. M. (2003). *The craft of research* (2nd ed.). The University of Chicago Press.

University of Kansas. (2018). *Section 1. Developing a logic model or theory of change*. https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main

Competency 5

Engage in Policy Practice

COMPETENCY DESCRIPTION

Social workers working with substance use are knowledgeable about evolving policies that govern programs and services at the local, state, and federal levels that affect prevention, treatment, and recovery from SUDs. Those policies include services available to people across the lifespan, their families, and the wider community. Social workers recognize that oppressive and discriminatory policies have negatively affected vulnerable, disadvantaged, and underrepresented communities. Social workers actively engage in advocacy for more equitable, just, and current evidence-informed policies through formulation, analysis, implementation, and evaluation. Social workers support policies that affirm the dignity and worth of the individual, self-determination, and social justice of those affected by substance use.

COMPETENCY BEHAVIORS

- Maintain awareness of laws and policies at the organizational, local, state, federal, and global level related to prevention, treatment, and recovery.
- Analyze and evaluate policies affecting prevention, treatment, and recovery services with communities, organizations, families, and individuals.
- Advocate for changes in and creation of alcohol and other drug policies that improve the health and well-being of individuals, families, and communities that are at risk for or experiencing problems in living related to substance use.

- Engage people with lived experience in the process of policy development, implementation, and evaluation.
- Promote policies that improve prevention efforts, increase treatment capacity, build recovery capital, and support multiple pathways to recovery across systems.
- Advance policies that support the foundation of evidence to inform social work for people with SUDs.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
JOURNAL ARTICLES	
Babor, T. F., Del Boca, F., & Bray, J. W. (2017). Screening, Brief Intervention and Referral to Treatment: implications of SAMHSA's SBIRT initiative for substance abuse policy and practice. *Addiction*, *112*, 110–117.	Knowledge
Babor, T. F., Del Boca, F., & Bray, J. W. (2017). Screening, Brief Intervention and Referral to Treatment: implications of SAMHSA's SBIRT initiative for substance abuse policy and practice. *Addiction*, *112*, 110–117.	Knowledge
Barry, C. L., McGinty, E. E., Pescosolido, B., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness and policy support: Comparing public views about drug addiction with mental illness. *Psychiatric Services, 65*(10), 1269–1272.	Knowledge Values Cognitive and Affective Processes
Griffith, C., & France, B. L. (2018). How does U.S. governmental policy impact opioid treatment? *International Journal of Applied Science: Research and Review*, *5*(3), 12.	Knowledge
Imtiaz, S., Probst, C., & Rehm, J. (2018). Substance use and population life expectancy in the USA: Interactions with health inequalities and implications for policy. *Drug & Alcohol Review*, *37*, S263–S267.	Knowledge
Jones, M. R., Viswanath, O., Peck, J., Kaye, A. D., Gill, J. S., & Simopoulos, T. T. (2018). A brief history of the opioid epidemic and strategies for pain medicine. *Pain and Therapy*, *7*(1), 13–21. https://doi.org/10.1007/s40122-018-0097-6	Knowledge

(continued)

Readings *(continued)*

Resource	Competency Dimension
Kelly, J. F., Bergman, B., Hoeppner, B. B., Vilsaint, C., & White, W. L. (2017). Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug and Alcohol Dependence, 181,* 162–169.	Knowledge Values
Mechcatie, E. (2018). The impact of legalization of medical and recreational marijuana. *American Journal of Nursing, 118*(7), 16.	Knowledge
Meisel, Z. F., Mitchell, J., Polsky, D., Boualam, N., McGeoch, E., Weiner, J., . . . Cannuscio, C. C. (2019). Strengthening partnerships between substance use researchers and policy makers to take advantage of a window of opportunity. *Substance Abuse Treatment, Prevention & Policy*, *14*(1).	Knowledge
Rehm, J., Anderson, P., Fischer, B., Gual, A., & Room, R. (2016). Policy implications of marked reversals of population life expectancy caused by substance use. *BMC Medicine, 14,* 1–4.	Knowledge
Scholten, W. (2018). Global commission on drug policies misses the mark. *Drug Science, Policy and Law*. https://doi.org/10.1177/2050324518812110	Knowledge
Stuart, E. A., Barry, C. L., Donohue, J. M., Greenfield, S. F., Duckworth, K., Song, Z., . . . Huskamp, H. A. (2017). Effects of accountable care and payment reform on substance use disorder treatment: Evidence from the initial 3 years of the alternative quality contract. *Addiction, 112*(1), 124–133.	Knowledge
Welsh, J. (2018). Policy making in substance use treatment should be evidence-based. *American Journal on Addictions, 27*(1), 52–53.	Knowledge Values
WEB SOURCES	
SAMHSA: Laws and Regulations https://www.samhsa.gov/about-us/who-we-are/laws-regulations	Knowledge
NASW Social Justice Brief: A Social Work Perspective on Drug Policy Reform https://www.drugpolicy.org/sites/default/files/Drug%20Policy%20Reform%20Brief%20Social%20Justice%20Dept.pdf	Knowledge Values
NAADAC: Public Policy Department https://www.naadac.org/public-policy	Knowledge
H.R.34: 21st Century Cures Act https://www.congress.gov/bill/114th-congress/house-bill/34	Knowledge Skills

(continued)

Readings *(continued)*

Resource	Competency Dimension
S.524: Comprehensive Addiction and Recovery Act of 2016 https://www.congress.gov/bill/114th-congress/senate-bill/524/	Knowledge Skills
Key Sections of the Patient Portability and Affordable Care Act https://www.cms.gov/cciio/resources/regulations-and-guidance/index.html	Knowledge Skills
Tribal Law and Order Act (TLOA) https://www.congress.gov/111/bills/hr725/BILLS-111hr725enr.pdf	Knowledge Skills
Americans with Disabilities Act https://www.ada.gov/index.html	Knowledge Skills
SAMHSA's Website of Laws and Regulations related to Substance Use Prevention and Treatment https://www.samhsa.gov/about-us/who-we-are/laws-regulations	Knowledge Skills

Learning Activities

Resource	Competency Dimension
Have the students view the video clip about discrimination against drug users by the Drug Policy Alliance (http://www.drugpolicy.org/issues/discrimination-against-drug-users). Then, post or pass out the drug scheduling (https://www.dea.gov/drug-scheduling). Discuss how the policy of drug scheduling affects oppressed populations. Discuss the difference in scheduling between cocaine and crack, pharmaceuticals, and heroin. **Drug Policy Debate Exercise** (Total time approximately 1 hour) • Choose a drug policy topic to be debated (e.g., legalization of marijuana, use of federal funds for needle exchange programs, or mandatory minimum sentencing). • Explain activity to students and form groups (liberal, conservative, audience). Students are assigned by the instructor randomly to a group. Optional: Create a third "special interest group" depending on the topic to provide a critique of the issue from their perspective (e.g., the neighborhood residents where needle exchange program would be offered, a racial or ethnic group disproportionately affected by the drug policy debated). (3 minutes)	Knowledge Values Cognitive and Affective Processes

(continued)

Learning Activities *(continued)*

Resource	Competency Dimension
• Students prepare for debate. Groups will create an argument for their position in a way that addresses the values, assumptions about human nature, responsibility of society and government, and race from the perspective of their assigned ideology. Liberals and conservatives prepare their opening remarks and points. The audience discusses what points they expect to see from each side of the debate. If a special interest group is formed, they discuss what concerns they see with the issue from the perspective of their population. Students may use course materials, cell phones, and laptops to research additional information if needed. (15 minutes) • Students present their opening arguments. Order of presentation is determined by coin toss. Conservatives and liberals each have 4 minutes to present. If a special interest group is formed, they present third. The audience then may ask clarifying questions of liberals and conservatives. (10–14 minutes) • Liberals and conservatives regroup to prepare rebuttals to the other side's opening argument. If a special interest group is formed, they will use this time to devise a critique of both liberal and conservative presentations. The audience discusses and evaluates liberal and conservative opening presentations according to criteria provided (below). (10 minutes) • Each group (liberal and conservative) has 2 minutes to present rebuttals. Special interest group presents critique. (4–6 minutes) • The audience asks clarifying questions of both liberal and conservative groups, then confers for scoring. (5 minutes) • The audience provides feedback to liberal and conservative groups and declares a winner based on scoring criteria. (2 minutes) • Whole class discussion (10 minutes). Potential questions for discussion include "What was it like to argue an ideology or viewpoint that is not your own?" "Did the opposing group present points that you had not previously considered?" Audience scoring criteria: 1. Clarity 2. Adherence to ideology 3. Thoroughness	

Media

Resource	Competency Dimension
The House I Live In (2012) http://www.thehouseilivein.org/	Knowledge Values Cognitive and Affective Processes

Assignments

Resource	Competency Dimension
Students watch a clip from the HBO series *Addiction* (https://www.youtube.com/watch?v=Hkh517a7MCM) and discuss the questions below. The assignment can be in class or as an online discussion forum. **Questions** How do laws and policies that affect insurance coverage and reimbursement for the treatment of SUDs affect individuals, families, and agencies? Do you think we are in a better place now than when the video was recorded? If not, what do you think that says about policy and the need for advocacy? If it is substantially better, what do you think led to those improvements?	Knowledge Values Skills
Interview the clinical director, CEO, or executive director of an agency serving clients in the field of substance use. Ask about the way that law and policy affect the agency, the agency practices, and the agency's ability to provide services. **Example Questions:** How do laws and funding, both state and federal, effect the agency and its ability to provide services? What has that been like over time? How has it changed?	Knowledge Skills

(continued)

Assignments *(continued)*

Resource	Competency Dimension
Policy Analysis Students will identify a current policy pertaining to substance use prevention, treatment, or policing. Based on the chosen policy, students will conduct an analysis based on the framework taught in class. The paper must include the following elements: 1. Introduction a. Introduce your paper and the paper content. 2. Description of the policy a. What is your policy? b. How does this policy prevent, treat, or police substance use? c. Include important historical information leading up to the formation of the policy. d. Who were the stakeholders involved in the creation of this policy? 3. Analysis a. Based on the framework chosen, complete the analysis. Note: This should be the bulk of the paper. Use outside sources to support your assertions and always explain why. 4. Based on the previous information, synthesize, and develop a policy statement. 5. Conclusion.	Knowledge Skills

Competency 6

Engage With Individuals, Families, Groups, Organizations, and Communities

COMPETENCY DESCRIPTION

Social workers working with substance use engage in collaborative working relationships with a wide array of client systems and stakeholders, potentially addressing substance use and related problems. The process of engagement establishes trusting, collaborative relationships and uses evidence-supported engagement and outreach practices. Skillful social work engagement occurs throughout the helping process. Social workers implement person-centered engagement practices appropriate to settings, circumstances, and populations that meet others' readiness to engage and change. Social workers also engage with other professions or disciplines, paraprofessionals, peer support, community, and other natural and indigenous support systems at all levels of practice (micro, mezzo, and macro). Social workers continuously assess and adjust engagement processes over the course of the working relationship as clients' and constituents' needs, preferences, goals, and capabilities change over time. Social workers recognize how their own life experiences, training, and biases influence their engagement with diverse client systems and stakeholders.

COMPETENCY BEHAVIORS

- Demonstrate use of evidence-informed, -supported, or -based engagement practices appropriate to the situation, readiness to engage, and level of practice.
- Evaluate and adapt to how substance use, co-occurring problems, intersecting identities, and other diverse experiences influence engagement, disengagement, and reengagement processes.

- Engage members from families of origin, families of choice, created families, and other potentially supportive significant others, as appropriate, desired, and directed by clients and client systems.
- Participate at all levels of practice as a member of interprofessional and integrated teams (including other professions or disciplines, paraprofessionals, peer support, community and other natural and indigenous support systems), where all parts collaborate to identify and engage individuals and others in need of substance-related services and to establish and meet client system goals.
- Foster communication, establish and maintain rapport, and attend to the language that is used (i.e., nonstigmatizing, nonlabeling, person-centered) at all levels of practice and throughout the engagement process.

Readings

Resource	Competency Dimension
Campbell, C., Smith, D., Clary, K., & Egizio, L. (in press). Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the substance use system of care. In A.L. Begun & M. Murray (Eds.), *Handbook of social work and addictive behavior.* Routledge.	Knowledge
Center for Substance Abuse Treatment. (2006). *TIP 35/Treatment Improvement Protocol series: enhancing motivation for change in substance abuse treatment*. DHHS Publication No. (SMA) 99-3354. Substance Abuse and Mental Health Services Administration. http://www.ncbi.nlm.nih.gov/books/NBK14856/	Knowledge Cognitive and Affective Processes
Heather, N., & Hönekopp, J. (2008). A revised edition of the Readiness to Change Questionnaire [Treatment version]. *Addiction Research & Theory, 16*(5), 421–433. https://doi.org/10.1080/16066350801900321. https://www.researchgate.net/publication/232067129_A_revised_edition_of_the_Readiness_to_Change_Questionnaire_Treatment_Version	Skills
Nowinski, J., Baker, S., & Carroll, K. (1999). *Twelve step facilitation therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence.* National Institute on Alcohol Abuse and Alcoholism. Retrieved from https://pubs.niaaa.nih.gov/publications/projectmatch/match01.pdf	Knowledge Skills

(continued)

Readings *(continued)*

Resource	Competency Dimension
Substance Abuse and Mental Health Services Administration. Recovery to Practice. (2015). *Practicing recovery: Outreach and engagement.* http://www.ahpnet.com/files/Newsletter_4_Sept_2015.pdf	Knowledge Skills Cognitive and Affective Processes
Wisdom, J. P., Hoffman, K., Rechberger, E., Seim, K., & Owens, B. (2009). Women-focused treatment agencies and process improvement: Strategies to increase client engagement. *Women & Therapy*, *32*(1), 69–87. https://doi.org/:10.1080/02703140802384693. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2748928/	Knowledge Cognitive and Affective Processes
REFERENCE	
Connors, G. J., Donovan, D. M., Velasquez, M., & DiClemente, C. C. (2013). *Substance abuse treatment and the stages of change: Selecting and planning interventions*. Guilford Press.	Knowledge Skills
Greer, A. M., Luchenski, S. A., Amlani, A. A., Lacroix, K., Burmeister, C., & Buxton, J. A. (2016). Peer engagement in harm reduction strategies and services: A critical case study and evaluation framework from British Columbia, Canada. *BMC Public Health*, *16*(1), 452. https://doi.org/10.1186/s12889-016-3136-4	Knowledge Values
Mauro, P. M., McCart, M. R., Sheidow, A. J., Naeger, S. E., & Letourneau, E. J. (2017). Parent and youth engagement in court-mandated substance use disorder treatment. *Journal of Child & Adolescent Substance Abuse, 26*(4), 324–331, https://doi.org/10.1080/1067828X.2017.1305935 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5607020/	Knowledge
Rosengren, D. B. (2018). *Building motivational interviewing skills: A practitioner workbook*. Guilford Press.	Knowledge Cognitive and Affective Processes
Simmons, R., Ungemack, J., Sussman, J., Anderson, R., Adorno, S., Aguayo, J., Black, K., Hodge, S., & Timady, R. (2008). Bringing adolescents into substance abuse treatment through community outreach and engagement: The Hartford Youth Project. *Journal of Psychoactive Drugs*, *40*(1), 41–54. https://doi.org/10.1080/02791072.2008.10399760	Knowledge
Subica, A. M., & Douglas, J. A. (2019). Engaging disadvantaged communities in targeting tobacco-related health disparities and other health inequities. *International Quarterly of Community Health Education*. https://doi.org.10.1177/0272684X19839866	Knowledge Values

(continued)

Readings *(continued)*

Resource	Competency Dimension
Tracy, K., Burton, M., Nich, C., & Rounsaville, B. (2011). Utilizing peer mentorship to engage high recidivism substance-abusing patients in treatment. *American Journal of Drug and Alcohol Abuse*, *37*(6), 525–531. https://doi.org.10.3109/00952990.2011.600385	Knowledge Values
Treno, A. J., Lee, J. P., Freisthler, B., Remer, L. G., & Gruenewald, P. J. (2005). 4.4 Application of evidence-based approaches to community interventions. In T. Stockwell, P. J. Gruenewald, J. W. Toumbourou, & W. Loxley (Eds.), *Preventing harmful substance use: The evidence base for policy and practice* (pp. 177-189). Wiley.	Knowledge

Learning Activities

Resource	Competency Dimension
Motivational Interviewing Practice Small Group Exercise https://adept.missouri.edu/wp-content/uploads/2017/06/Module-Two-Motivational-Interviewing-Tools-and-Techniques.pdf See Appendix 6A. Note: Students can work in small groups using the referenced guide.	Knowledge Values Cognitive and Affective Processes
Exploring the Use of Harm Reduction Strategies for Engagement Into Treatment See Appendix 6B.	Knowledge Values Cognitive and Affective Processes
Engagement Cinema Students identify a video clip that demonstrates motivational interviewing (MI) skills in an engagement situation. This clip can be from a movie, television show, YouTube, or other source. Alternatively, students may choose to write their own script and video record this interaction. Clips should be no more than 5 minutes. Students submit a transcript of the recording identifying spoken lines on the left side and MI skills demonstrated on right side. If a student sees an opportunity for additional MI skills that could have been used, they can also be noted in right column. Student groups will introduce clips and briefly lead the class in a discussion of the MI skills they identified.	Knowledge Values Cognitive and Affective Processes

(continued)

Learning Activities (continued)

Resource	Competency Dimension
One Change I Would Like to Make Adapted from Miller, W. R. (2019). *Listening well.* Wipf and Stock Publishers. After learning about the OARS skills (open questions, affirmation, reflective listening, and summarizing), students practice using reflective statements, working in pairs. One assumes the role of social worker and the other as the client. The client begins the conversation with "One Change I Would Like to Make Is [insert change]," and the social worker responds using only reflection. This continues for about 3 minutes with the social worker only using reflection, then roles switch. **Variation:** Using a deck of cards, students alternate between providing open-ended questions (hearts), affirmations (spades), simple reflections (diamonds), and complex reflections (clubs). After designated time students provide a brief summary before switching roles.	Knowledge Skills

Media

Resource	Competency Dimension
SAMHSA Recovery Support Tools & Resources related to Peer Workers: https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers	Knowledge Values
Engaging Youth for Community Change: Minnesota Department of Health Example https://www.health.state.mn.us/communities/tobacco/initiatives/tfc/stories/201807/index.html	Knowledge
Partnership for Drug Free Kids: Resource for Engaging Parents https://drugfree.org/parent-blog/not-getting-anywhere-talking-to-your-child-about-their-drug-use-try-changing-your-tone-of-voice/	Knowledge

Assignments

Resource	Competency Dimension
Recovery Month Activity (Activity is listed below for easy access by group.) See Appendix 6C. The objective is for students to develop creative strategies for getting out the word about recovery, reducing stigma, and finding new ways to engage individuals, groups, and communities affected by substance use. This activity can be modified for other times of year (outside of National Recovery Month) to emphasize engagement.	Knowledge Values Cognitive and Affective Processes

(continued)

Assignments *(continued)*

Resource	Competency Dimension
Develop an Outreach Tool for Engaging Community Members Into Active Change See Appendix 6D. The objective is learning to develop tools for engaging a geographic-based or online community in active change on substance use issues in their communities.	Knowledge Skills
Review of Evidence-based Approaches to SUD Intervention (Focus on Engagement) See Appendix 6E. The objective is for students to develop knowledge in assessing the evidence about engagement practices in substance use; they compare different approaches, consider the role of helping professionals in engagement, and are exposed to various skills in developing and managing the cognitive and affective aspects of helping relationships.	Knowledge Skills Cognitive and Affective Processes
Group Paper and Presentations on Special Populations See Appendix 6F. The objectives include developing knowledge of SUDs and practice approaches for special populations and shaping their attitudes and skills for engaging and developing resources for special populations experiencing SUDs, particularly where co-occurring problems exist.	Knowledge Skills
Past episodes can be viewed free online by going to the A&E website, www.aetv.com/intervention.	

Field Activities

Resource	Competency Dimension
Twelve-step Meeting Observation and Reflection See Appendix 6G. Students are encouraged to attend the meeting in pairs but complete individual assignments. Ensure that students know the difference between open meetings and those intended only for individuals in recovery; they should attend only open meetings for this activity, even if they are themselves in recovery!	Knowledge Values Cognitive and Affective Processes

(continued)

Field Activities (continued)

Resource	Competency Dimension
Stigma Busting: Engagement at a Community Level This activity encourages students to work in small groups to identify a myth surrounding SUDs and to develop a plan to increase community awareness and knowledge of the chosen area. After presenting ideas to the instructor and class and adjusting based on class and instructor feedback, students will share materials at a designated community space or event.	Knowledge Values Cognitive and Affective Processes
Referral Resource Scavenger Hunt Conduct a "scavenger hunt" for websites appropriate for individuals or significant others (e.g., family, friends, employers) concerning services and programs they might consider; create a referral index for yourself on these sites. (A similar activity might be to create a referral index for yourself for services and programs in the community or communities where you plan to work. For example, The National Institute on Drug Abuse, The National Institute on Alcohol Abuse and Alcoholism, SAMHSA, both state and county office/division of mental health and addiction services, and local United Way listings might be places to start.) An index should have access information but also annotation about what information can be gleaned from the source and to whom the resource might be recommended or not be recommended (and why).	Knowledge Skills

APPENDIX 6A: MOTIVATIONAL INTERVIEWING PRACTICE – SMALL GROUP EXERCISE

Students will work in small groups using the MI guide.

The goal of this assignment is to enhance student's knowledge, skills, and abilities to engage clients around issues of substance use by practicing the various techniques from the guide.

The supplemental practice guide is designed to allow students the opportunity to practice various techniques that may enhance client engagement around issues of SUD by:

- Exploring client readiness to change;
- Identifying client ambivalence around SUD, treatment and recovery;
- Exploring challenges to entering treatment, reducing use, or engaging in harm reduction strategies;

- Assessing pros and cons of treatment, recovery, and/or harm reduction; and
- Identifying roadblocks that may get in the way of addressing client SUD.

Students should take turns practicing the various MI techniques in the guide with their partner(s), and make notes regarding your reflections on how you and your partner(s) were able to put these techniques into practice and what struggles you encountered.

At the conclusion of the small group activity, a larger class discussion will be conducted where groups will report back to the larger group various ways they found the activities effective in helping them engage with clients and ways they found the activities challenging.

Groups will also have an opportunity to share examples from field or case studies where they might use an activity with a client and discuss why the activity would be helpful with their client and/or population.

APPENDIX 6B: EXPLORING THE USE OF HARM REDUCTION STRATEGIES FOR ENGAGEMENT INTO TREATMENT

After an introductory lecture on harm reduction philosophy and methods, split the class into small groups of 4 to 5 students. Have students first identify and discuss their level of familiarity of and personal comfort with the use of harm reduction strategies. Then, ask the group to identify at least 3 potential benefits of using harm reduction strategies to engage clients into treatment (in lieu of abstinence-only models) and 3 potential challenges of using harm reduction strategies to engage clients into treatment (in lieu of abstinence-only models) based on their shared knowledge/experience.

Each group will share their identified benefits and challenges on a white board or computer projection system to create a compiled list that will be shared with the whole class.

Each group will have a representative share out parts of the discussion that they found compelling or interesting with the larger class. Instructor should facilitate larger group discussion around the results of small group interactions.

APPENDIX 6C: RECOVERY MONTH ACTIVITY

September is National Recovery Month, and the class will have an opportunity to let their creativity shine by creating a Recovery Month activity. Students may wish to review these resources to guide them on possible activities:

https://recoverymonth.gov/

http://www.treatmentsolutions.com/different-ways-to-celebrate-recovery-month/

The objective is for students to find creative ways to get the word out about Recovery, reduce the stigma in discussing and engaging with this topic, and find new ways to reach an engage individuals, groups, and communities affected by substance use. Marginalized and underserved groups are of particular concern, and recovery efforts should be inclusive of traditionally underserved populations. Students will present their activity ideas in class, and are not required to present to the general public.

Students should consider:

- Creativity Professional presentation of information/activity/craft, etc.
- Use of audio/visual/technology/artistic activities
- Who is the target group of your message? How would this group/population know this message is for them? Do you think a lay person would know?
- How has this activity impacted your ideas about substance abuse? Recovery? Ways to engage clients in different ways?

*Students are to submit any scholarly resources, links, texts, or other materials that assisted them in producing their activity to the instructor on the day of their presentation.

*Students may also provide any materials to classmates if they are available. Students will work in small groups on this activity. Students will be allotted time on the first session to form groups and begin thinking about activities to pursue. A schedule of presentations will be determined after groups are formed.

APPENDIX 6D: DEVELOP AN OUTREACH TOOL FOR ENGAGING COMMUNITY MEMBERS INTO ACTIVE CHANGE

Objective: Learn how to develop tools that can be used to engage a geographic-based, identity-based, or online-based community around active change in substance-related issues within their community.

Instructions: The instructor will identify a local community or organization that is interested in collaborating with the class to engage community members to work towards changing a community defined substance-related concern. Students will work in teams of approximately 4 people. Through a 15 minute presentation, each will share their outreach tool to the local community/organization as a potential resource that they can leverage in real time.

1) Students will create a brief community assessment that summarizes:
    - Community-defined social concern related to substance manufacturing, distribution, and/or use in their community.
    - Community demographics and other relevant characteristics/ structures.
    - Associated community strengths, resources, and needs.
2) Students will work to identify the best way to engage community members and develop a product that is aimed at getting individuals interested in the local issue and potentially involved with local organizing efforts. Examples can include but are not limited to written materials (posters, pamphlets), audiovisual products (videos), online/social media platforms (website, social media campaign), or in person strategies (performances).
3) The presentation should clearly identify the identified substance-related concern, purpose of the outreach tool (I.e., building interest/awareness versus increasing involvement), target audience, an overview of the outreach tool itself, and how the community assessment helped to inform why this tool will likely be effective for the identified target audience.

APPENDIX 6E:
REVIEW OF EVIDENCE BASED APPROACHES TO SUBSTANCE USE DISORDER INTERVENTION-WITH A FOCUS ON ENGAGEMENT

Choosing from a provided list of evidence-based registries or review of practice approaches as a starting point, compare and contrast 2 different approaches to treatment of addictive disorders. This analysis should include:

1) A summary of how the approach conceptualizes addiction (medical, legal, social, psychological) including response to relapse and moderation management;
2) A description of how this approach utilizes information based on clinical evaluation;
3) A comparison of how engagement might be approached within each of these clinical approaches;
4) Specific details about how the approach influences the engagement strategy from a clinical perspective;
5) A description of any evidence for utilization of these engagement strategies (hint: there should be evidence, and if not, you should critique the lack of research in this area);
6) A description of the role of family and community in addressing addiction issues in general, and in engaging the individual in particular;
7) A careful articulation of the role of the helping professional, including managing subjective reactions to each of the 2 approaches.

It is expected that the student will use an evidence-based registry or review as a starting point for the review and then search the peer reviewed literature for empirical evidence regarding the interventions and engagement specific information. The review can be no more than 15 pages long, and must include a review of 3 studies for each of the approaches.

APPENDIX 6F:
GROUP PAPER AND PRESENTATIONS ON SPECIAL POPULATIONS

- Students should form groups of 2 – 5 individuals;
- Each paper and presentation should address substance abuse engagement, assessment and treatment with a special population. While each work covers the spectrum of engagement, assessment and treatment-the focus should be on engagement. Examples of special populations include but are not limited to people of color, women, men, veterans, older adults, LGBTQ populations, domestic violence survivors, and youth in the child welfare system.
- Each paper should be approximately 10 pages long and address the following:
    a. Prevalence of substance abuse among members of the identified group.
    b. Knowledge needed to engage, assess & treat members of the identified group, including theoretical and practice approaches.
    c. Attitudes needed to engage, assess & treat members of the identified group.
    d. Skills needed to engage, assess, & treat the identified group.
    e. Special issues that should be considered when attempting to engage individuals in the identified group, including developmental and co-occurring considerations.
    f. Other issues you think are influential and relevant to assessment, treatment and ongoing engagement with the identified group but not discussed elsewhere in the paper.
    g. Resources (web sites, national and local organizations, special treatment facilities, etc) for members of the identified group.
- Presentations must:
    a. Actively involve each member of the group (each member of the group must speak in front of the class in order to get credit for the presentation).

b. At a minimum, address the knowledge, attitude, skills, and cognitive and affective processes required for work with the identified group.

c. Distribute a handout to the instructor and students which includes:

   — An outline of the presentation.
   — A list of the resources provided in the paper.

d. Be 15-20 minutes in length and include additional time for questions and answers.

e. Be professionally presented; students are encouraged to use PowerPoint and other multimedia resources where this will be helpful to the presentation.

APPENDIX 6G: TWELVE-STEP MEETING OBSERVATION & REFLECTION

Instructions:

- Students are to attend at a 12-step meetings. If you currently attend 12-step meetings you should attend a different kind of group than that which you currently attend (for example, if you attend AA, you should go to Al-Anon, NA, or OA meetings).
- Please make sure that the meetings are "Open" meetings unless you specifically identify as a member of the group you are attending. Open groups are typically marked by "O," which means they are open to the general public (differentiated from a "closed meeting for addicts only").

Reflection Prompts:

- Document which meeting you attended (location and group name); include type of meeting, time, date and location, number of persons present.
- What was your initial reaction to having to attend a 12-step meeting?
- Describe the order of the meeting and what happened during the meeting.

- What was the "main topic" of the discussion?
- What was the composition of the group?
- What was the feeling/tone of the members group?
- How did attendees interact among themselves?
- What was your reaction to the attendees in attendance?
- How did you feel at the start, middle, and end of the meeting?
- What surprised you?
- Did the meeting meet your expectations?
- What unanswered questions remained for you?

Competency 7

Assess Individuals, Families, Groups, Organizations, and Communities

COMPETENCY DESCRIPTION

Social workers working with substance use conduct ongoing systematic biopsychosocial substance use assessments, gather and interpret data at multiple levels, and use a variety of culturally and developmentally appropriate methods (e.g., interviews, direct observations, standardized instruments, and surveys). These methods are used to identify the needs and strengths of individuals, families, groups, organizations, and communities. Social workers influence the delivery of services by assessing substance use and contributing factors such as trauma, adversity, mental health, and co-occurring disorders. Social workers recognize that diagnosis and treatment are affected by stigma, misperceptions related to substance use, and equity and access, which underscores the importance of ongoing biopsychosocial assessment practices.

Social workers use the biopsychosocial assessment model to identify strengths, resiliencies, and cultural relevance to collaboratively identify the necessary interventions while working with diverse individuals, families, groups, organizations, and communities. Social workers recognize the important role of families in treatment and recovery and involve families and all other forms of support. Social workers use evidence-informed assessment practices to determine appropriate intervention strategies, goals, and objectives that are accessible for individuals, families, groups, organizations, and communities.

COMPETENCY BEHAVIORS

- Identify and categorize signs and symptoms of SUDs.
- Demonstrate understanding of evidence-based approaches for diagnosis, screening, assessment, and treatment of SUDs.
- Collect and organize data and apply critical thinking to interpret information from clients and constituencies.
- Apply understanding of SUD theories and models to client systems and circumstances.
- Demonstrate knowledge of resource accessibility and policies at the local, state, national, and global levels.
- Recognize the repercussions of substance use for individuals, families, organizations, and communities.
- Identify and analyze your own values, biases, and assumptions and how they can affect the relationship with a client coping with substance use or behavioral addictions.
- Select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.
- Demonstrate the use of measurement instruments that are culturally and developmentally appropriate for screening and assessment of SUDs.
- Demonstrate the ability to engage all clients in the assessment process by using interviewing skills.
- Assess mental health, trauma, adversities, occurring disorders, and other contributing factors.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Bartram, M. (2019). Toward a shared vision for mental health and addiction recovery and well-being. *Journal of Recovery in Mental Health*, *2*(2–3), 55–72.	Knowledge Skills Cognitive and Affective Processes
Brekke, E., Lien, L., & Biong, S. (2018). Experiences of professional helping relations by persons with co-occurring mental health and substance use disorders. *International Journal of Mental Health and Addiction*, *16*(1), 53–65.	Knowledge Skills Cognitive and Affective Processes
Burlew, A. K., Copeland, V. C., Ahuama-Jonas, C., & Calsyn, D. A. (2013). Does cultural adaptation have a role in substance abuse treatment? *Social Work Public Health, 28*(1), 440–460.	Knowledge Skills Cognitive and Affective Processes
Daley, D. C., & Feit, M. D. (2013). The many roles of social workers in the prevention and treatment of alcohol and drug addiction: A major health and social problem affecting individuals, families, and society. *Social Work in Public Health*, *28*(3–4), 159–164.	Knowledge Skills Cognitive and Affective Processes
Knight, D. K., Becan, J. E., Landrum, B., Joe, G. W., & Flynn, P. M. (2014). Screening and assessment tools for measuring adolescent client needs and functioning in substance abuse treatment. *Substance Use & Misuse*, *49*, 902–918.	Knowledge Skills Cognitive and Affective Processes
Kourgiantakis, T., Saint-Jacques, M. C., & Tremblay, J. (2017). Facilitators and barriers to family involvement in problem gambling treatment. *International Journal of Mental Health and Addiction*, 1–22. https://doi.org/10.1007/s11469-017-9742-2	Knowledge Skills Cognitive and Affective Processes

(continued)

Readings *(continued)*

Resource	Competency Dimension
Kourgiantakis, T., Sanders, J., Pont, L., McNeil, S., & Fang, L. (2017). *Adolescent problem gambling. A prevention guide for parents.* Centre for Addiction and Mental Health. https://learn.problemgambling.ca/PDF%20library/handbook-prevention-guide-for-parents-accessible-2017.pdf	Knowledge Skills Cognitive and Affective Processes
Kourgiantakis, T., & Stark, S. (2015). *Parent problem gambling. A prevention guide*. Centre for Addiction and Mental Health. https://learn.problemgambling.ca/PDF%20library/handbook-guide-for-parents-accessible-2017.pdf	Knowledge Skills Cognitive and Affective Processes
Littrell, J. (2011). How addiction happens, how change happens, and what social workers need to know to be effective facilitators of change. *Journal of Evidence-Based Social Work*, *8*(5), 469–486.	Knowledge Skills Cognitive and Affective
Miller, W., & Rollnick, S. (2009). Ten things that motivational interviewing is not. *Behavioral and Cognitive Psychotherapy, 37,* 129–140.	Knowledge Skills Cognitive and Affective Processes
Norcross, J. C., Krebs, P., & Prochaska, J. O. (2011). Stages of change. *Journal of Clinical Psychology: In Session*, *67*(2), 143–154.	Knowledge Skills Cognitive and Affective Processes
Skinner, W., Cooper, C., & Chamberlain, C. (2013). *Psychotherapy essentials to go: Motivational interviewing for concurrent disorders*. W. W. Norton & Company. (Comes with a DVD that shows a social worker and client with opioid addiction.)	Knowledge Skills Cognitive and Affective Processes
Tatarsky, A., & Marlatt, G. A. (2010). State of the art in harm reduction psychotherapy: An emerging treatment for substance misuse. *Journal of Clinical Psychology*, *66*(2), 117–122.	Knowledge Skills

(continued)

Readings *(continued)*

Resource	Competency Dimension
Screening, brief intervention, and referral to treatment (SBIRT) toolkit for problem gambling (see Appendix 7A). Also available at https://learn.problemgambling.ca/PDF%20library/SBIRT-manual-version-2.0-090418.pdf	Knowledge Skills Cognitive and Affective Processes

Learning Activities

Resource	Competency Dimension
Engaging Clients The instructor provides students with content about the strengths model and recovery-oriented approaches to care. Students read the engagement scenarios (see Appendix 7B) and respond to the questions in small groups.	Knowledge Skills Cognitive and Affective Processes
Identifying Skills in a Social Worker–Client Assessment *Initial Social Work Interview With Emilia Sanchez* https://youtu.be/KeYExkAMwo8 Watch this 12-minute video and answer the questions on what skills the social worker used to engage this client (see Appendix 7C).	Knowledge Skills Cognitive and Affective Processes
Mythbusters Read the myths and in small groups research one of those myths and answer the accompanying questions (see Appendix 7D).	Knowledge Skills Cognitive and Affective Processes

Media

Resource	Competency Dimension
Podcast "Recovery High Schools: Interview with Lori Holleran Steiker, PhD" *The Social Work Podcast:* http://socialworkpodcast.blogspot.com/2016/08/RecoveryHS.html	Knowledge Skills Cognitive and Affective Processes

(continued)

Media *(continued)*

Resource	Competency Dimension
Ontario Provincial System Support Program Website for problem gambling resources (screening tools) https://learn.problemgambling.ca/eip/screening-assessment	Knowledge Skills Cognitive and Affective Processes
Six Videos on Stories of Addiction https://www.thediscoveryhouse.com/05/30/2016/substance-addiction-videos-you-need-see/ See Appendix 7E.	Knowledge Skills Cognitive and Affective Processes
Film *The Anonymous People* 90-minute documentary about social stigma, drug addiction, and 12-step programs. https://www.kanopy.com/product/anonymous-people	Knowledge Skills Cognitive and Affective Processes
Psychosis and Cannabis Three-minute video by psychiatrist Dr. Kwame Mackenzie https://www.youtube.com/watch?v=AFNKCHzF9I4	Knowledge Skills Cognitive and Affective Processes
Initial Social Work Interview With Emilia Sanchez https://youtu.be/KeYExkAMwo8	Knowledge Skills Cognitive and Affective Processes
Motivational Interviewing Videos With social worker Wayne Skinner *Four Processes of M.I.* (5 min 43 sec) https://www.youtube.com/watch?reload=9&v=JT9asME0zDc&index=1&list=PLcgiUg338vSsVXLF0WMa2TqwtWDIORbP6 *5 Core Interviewing Skills* (2 min 28 sec) https://www.youtube.com/watch?v=pgtHqPENKMw&list=PLcgiUg338vSsVXLF0WMa2TqwtWDIORbP6&index=8 *M.I. Skillful Listening* (3 min 56 sec) https://www.youtube.com/watch?v=BfiXyKoAZq4&list=PLcgiUg338vSsVXLF0WMa2TqwtWDIORbP6&index=2	Knowledge Skills Cognitive and Affective Processes

(continued)

Media *(continued)*

Resource	Competency Dimension
M.I. Open-ended Questions (1 min 35 sec) https://www.youtube.com/watch?v=Fo4D05z_Bvg&list=PLcgiUg338vSsVXLF0WMa2TqwtWDIORbP6&index=7 M.I. Affirmations (1 min 57 sec) https://www.youtube.com/watch?v=2brUB_bXHYk&list=PLcgiUg338vSsVXLF0WMa2TqwtWDIORbP6&index=6 *M.I. Reflections* (5 min 17 sec) https://www.youtube.com/watch?v=ipf1qVAESIc&list=PLcgiUg338vSsVXLF0WMa2TqwtWDIORbP6&index=4 *M.I. Summaries* (1 min 54 sec) https://www.youtube.com/watch?v=WA_rdWQe03M&list=PLcgiUg338vSsVXLF0WMa2TqwtWDIORbP6&index=5 *M.I. Providing Information* (5 min 48 sec) https://www.youtube.com/watch?v=Gzp3GAi4rPQ&list=PLcgiUg338vSsVXLF0WMa2TqwtWDIORbP6&index=3 *M.I. Skillful Listening & Cannabis Use* (6 min 50 sec) https://www.youtube.com/watch?v=gDr8dY-kz-8&list=PLcgiUg338vSsVXLF0WMa2TqwtWDIORbP6&index=9	
SBIRT Online module to train healthcare providers in SBIRT with Appalachian people (2018).http://cahsmedia2.uc.edu/host/Appalachian%20Module/story_html5.html Online module to train healthcare providers in SBIRT with pregnant women (2017).http://cahsmedia2.uc.edu/host/PregnancyModule/story.html	Knowledge Skills Cognitive and Affective Processes

Resources

Resource	Competency Dimension
https://www.cbsnews.com/video/sgb-huntington-wv-game-of-thrones/ This is a *60 Minutes* program.	Knowledge Skills Cognitive and Affective Processes

Assignments	
Resource	**Competency Dimension**
Family-Centered Care Group Video See Appendix 7F.	Knowledge Skills Cognitive and Affective Processes
Opioid Addiction Book Review Students will select an autobiography of an opioid addict and use concepts of planned change in a 3- to 5-page paper. See Appendix 7G.	Knowledge Skills Cognitive and Affective Processes
Policy on Opioid Reduction Students will write an elected official and support the need for a specific policy that aims to reduce opioid use. They will use the NASW Code of Ethics to discuss social workers' important role in opioid use reduction. See Appendix 7H.	Knowledge Skills Cognitive and Affective Processes
Self-assessment of Preparedness for SUD Practice In this assignment you will be asked to complete a reflective self-assessment, incorporating what you have learned about substance abuse as it relates to the CSWE competencies. See Appendix 7I. Many clients are affected by SUDs in some way. This means that even if we do not personally deal with such an issue, chances are we know someone who does. Because social workers provide services to those affected by these disorders, we must reflect on our own professional use of self. This assignment is designed to assess your competency in the CSWE EPAS.	Knowledge Skills Cognitive and Affective Processes
Self-help Meeting Papers One must be a 12-step meeting for people in recovery (e.g., AA, NA), and one must be for family members (e.g., Al-Anon, Nar-Anon, Tough Love). See Appendix 7J.	Knowledge Skills Cognitive and Affective Processes
Summary and Analysis of EBP Treatment: Paper Students will conduct a review of an EBP for SUD treatment that they have been trained in or have an interest in being trained in. They will write a 3- to 5-page, APA-formatted paper. See Appendix 7K.	Knowledge Skills Cognitive and Affective Processes

(continued)

Assignments (continued)

Resource	Competency Dimension
Abstaining Exercise Think about things you do on a regular basis that you enjoy. For this exercise, pick one of them that you are willing to give up for a week. Starting Sunday, resolve to give it up for 7 days. It can be anything you like, such as your favorite food, Facebook, or a behavior you have such as cracking your knuckles. See Appendix 7L.	Knowledge Skills Cognitive and Affective Processes

Field Activities	
Resource	**Competency Dimension**
Supervision in Field Activity See Appendix 7M.	Knowledge Skills Cognitive and Affective Processes

APPENDIX 7A: SBIRT ASSIGNMENTS

Select from any of the following:

- Explain skillful listening using MI.
- Develop three examples of open-ended questions that can be used in an assessment.
- Compare affirmations with compliments.
- Develop one example of an affirmation.
- Develop three examples of reflections.
- Describe how summaries can be used in an assessment.
- Describe how a social worker can provide information during an assessment.
- Define skillful listening.

APPENDIX 7B: ENGAGEMENT SCENARIOS

In small groups, discuss how you will engage these clients by using recovery-oriented, strengths-focused, and family-centered approaches. Prepare a response from the social worker in response to the client's statement. The social worker's response must show application of the approaches.

1) You are a school social worker and are meeting for the first time with 15-year-old Shanice and her parents, Brenda and Yasmin. They are concerned about Shanice's alcohol use, and when you ask what made them decide to come see you, Shanice says, "I didn't want to come, but had no choice. No offense, but I think this is a waste of time."

   How will you engage these clients by using recovery-oriented, strengths-focused, and family-centered approaches?

   _____

   _____

   _____

   _____

   _____

   Social worker reply:_____

   _____

   _____

   _____

   _____

   Explain your reply: _____

   _____

   _____

   _____

   _____

2) You are a social worker at a community agency for older adults. You have a client with mobility problems and are doing a home visit to assess Mukesh's needs. When you arrive, you notice a strong smell of cannabis, but when you ask about Mukesh's cannabis use, he replies, "I don't think I smoke too much pot, and it's the only thing that helps calm me down."

   How will you engage the client by using recovery-oriented, strengths-focused, and family-centered approaches?

   _____

   _____

   _____

   _____

   _____

   Social worker reply:_____

   _____

   _____

   _____

   _____

   Explain your reply: _____

   _____

   _____

   _____

   _____

3) You are a social worker working in a primary healthcare clinic. The physician in the clinic refers you a 21-year-old client named Miguel. He is in an engineering program and has been put on academic probation because of his low grades. He has high-functioning autism, attention-deficit/hyperactivity disorder, social anxiety, and depression. He has been using a lot of cannabis, vaping, and playing video games during a good part of his

waking hours. After you explain confidentiality to your client, Miguel smirks, rolls his eyes, and states, "Yeah, I've heard it before. It's confidential until I tell you something important. Then you will tell my parents, my doctor, or the police."

How will you engage the client by using recovery-oriented, strengths-focused, and family-centered approaches?

_____

_____

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_____

Social worker reply:_____

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_____

Explain your reply: _____

_____

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_____

_____

APPENDIX 7C: EMILIA SANCHEZ AND SOCIAL WORKER

After watching this video showing a social worker conducting a brief assessment with Emilia Sanchez, respond to these questions in small groups: https://youtu.be/KeYExkAMwo8

1) What skills did the social worker use to engage the client? Provide specific examples from the interview.

_____

_____

_____

_____

2) What were the strengths of this assessment and areas to improve?

_____

_____

_____

_____

3) Did the social worker use a strengths-focused approach in this assessment? Provide examples of how this was or was not consistent with the strengths model.

_____

_____

_____

_____

APPENDIX 7D: MYTHBUSTERS ASSIGNMENT

The goal of this assignment is to debunk or challenge the myth you have been given. In small groups, you will research the factors that contribute to this myth and analyze the reasons this myth is false, distorted, a stereotype, or not always true in all cases (not the full picture). Questions 1–7 are completed by the group, and question 8 is completed by each student separately.

Each group will provide answers to the following questions:

1) Where is this myth coming from? For example, is it a stereotype, an approach, a law, or what?
2) How is this myth perpetuated and by whom?
3) Who is affected by this myth? How are they affected?
4) What is closer to the truth, or what are alternative explanations?
5) How is this myth oppressive for the people affected?
6) Is this myth caused or influenced by policies, laws, values, treatment approaches, or models?
7) How can this myth be eradicated? In society? In treatment? In families?
8) What are your assumptions, values, and biases linked with the statement? How would they affect your assessment and ability to engage a client with substance use concerns or behavioral addictions?

Myths

1) Harm reduction programs encourage people to keep using.
2) For someone with an addiction, abstinence is the only way to get better.
3) Addiction affects only the person with the addiction.
4) Substance addictions are worse than behavioral addictions.
5) Families are codependent and enable the person with the addiction.
6) There is no addictive drug; it is the person who has an addictive personality.
7) Only people with histories of trauma or abuse develop addictions.
8) Most people with addictions are living in poverty.
9) Children are adaptable. A parent's drinking or substance use doesn't affect them.
10) Addictions are hereditary.

11) Most addiction counselors have had an addiction themselves, and you need to have had an addiction to work well with people who have an addiction.

12) Involving families in addiction can sometimes be worse for the person with the addiction because these families have conflictual relationships, and it does not help recovery.

13) It is mostly men who develop addiction problems.

14) It doesn't matter what type of service, approach, or treatment is given, if the person with the addiction isn't ready to make a change, the format or type of intervention is irrelevant.

APPENDIX 7E: STORIES ON ADDICTION

The Discovery House has videos on different aspects of addiction. Here are three videos:

These Babies Were Born Addicted to Drugs

Each year, thousands of babies are being born addicted to opiates, and the problem hasn't shown signs of getting any better. Women who are addicted before conceiving continue their opiate abuse throughout their pregnancy, and this video demonstrates the severity of this growing problem. It's sad and disturbing, but it shines a light on a subject that doesn't get much attention.

The Power of Vulnerability

Brene Brown went on a quest to better understand something that we are all familiar with: shame. She talks about the link between shame, vulnerability, and the fear of disconnection, which she believes to be directly linked to some of the reasons that someone might start to develop a substance use disorder.

Jodie Sweetin: From Addiction to Recovery to "Fuller House"

When *Full House* ended its 8-year run on ABC in 1995, Sweetin was just 14 years old. For someone who grew up on the set and in the spotlight from a very young age, it was a shock to be unemployed and separated from her onscreen family. Her life was chaos, and so she began drinking and later using crystal meth to cope. As a celebrity advocate for recovery, Sweetin has always been open and has shared her story at events nationwide regarding her experience with addiction. She continues to help others through the struggle and stigma of addiction.

APPENDIX 7F: FAMILY-CENTERED PRACTICES IN ADDICTIONS GROUP PRESENTATION

Students will work in groups of three or four and identify a case of a family affected by the substance use or behavioral addiction concerns of a significant other that one of the group members has worked with at practicum. Groups will create a 15-minute video that shows part of a social worker and family member assessment session. The group will present this video to the class and do a 15-minute presentation that is a critical analysis of the social worker–family member assessment session.

Video shows the following:

- Social worker assesses how the family members have been affected by their loved one's substance use.
- Social worker assesses strengths, supports, self-care, and coping strategies.
- Social worker provides family members with psychoeducation on one of these areas:
  - information about substance use concerns (diagnosed or not)
  - impact or adverse effects of substance use on individuals and families
  - treatment and services for people with substance use or behavioral addictions
  - importance of self-care for families

- Social worker demonstrates skills that facilitate alliance building.
  - — Some important concepts and skills: empathy, open-ended questions, affirmations, reflections, validation, empowerment, eliciting hope, and being nonjudgmental
- Social worker demonstrates use of the following approaches or models in the assessment: recovery orientation, harm reduction, strengths focus, family-centeredness, cultural attunement, and sensitivity.

Presentation includes the following:

- Analysis of the degree to which the above points were demonstrated in the social worker–family member assessment
- Analysis of the impact of addictions on this family member and others in this family
- Analysis of this family member's understanding of addictions and how culture and diversity factors affect this experience
- Analysis of the barriers and facilitators to treatment and recovery for this family member and his or her significant other
- Analysis of the stage of change for this family member (and the significant other) and how it affected the interview
- Discussion of this family's strengths and coping skills

APPENDIX 7G: OPIOID BOOK REVIEW

Students will choose an autobiography that relates to opioid addiction. Students may choose from those listed below. Students may choose an autobiography that is not listed but must obtain prior permission of the instructor.

You are expected to read the book and write a 3- to 5-page paper that includes the following:

a. A brief description of a major character in terms of age, personality, race, class, ethnicity, ability, sexual orientation, religious preference, and gender (discuss what is known about the character). Discuss their environment (family, friends, neighborhood-as it relates to drug use).

b. A description of the progression of the addiction (onset of use to full dependency) by including symptoms, situations, and crises that relate to addiction.

c. A description of the similarities and differences between you and the chosen character in terms of human development, values, educational and vocational opportunity, family of origin, supports, and environment.

d. A discussion of the challenges you would face in confronting your own biases, assumptions, and values if this character were a client assigned to you. What treatment would you prescribe and why? Include a reflection on the Code of Ethics and Competency Standards.

e. Discuss policy implications as they relate to the story (criminalization, treatment access, stigma, location-specific stats such as where is the character from and what the drug problem is like in this area).

Specifically, students will process their observations of the course content and be able to identify and discuss the impacts opioid use has on the individual, family, community, and organizations. Research and discussion of policy will be included in this paper. A 3- to 5-page paper in APA format is required.

Books to choose from: *Permanent Midnight* by Jerry Stahl, *Junkie* by William S. Burroughs, *Saving Jake: When Addiction Hits Home* by D'Anne Burwell, *Heroin, Hurricane Katrina, and the Howling Within: An Addiction Memoir* by Eliza Player, *Marlena* by Julie Buntin, *Painkiller Addict: From Wreckage to Redemption—My True Story* by Cathryn Kemp, *Pill Head: The Secret Life of a Painkiller Addict* by Joshua Lyon, *Defining Moments: A Suburban Father's Journey Into His Son's Oxy Addiction* by Bradley DeHaven, *My Fair Junkie: A Memoir of Getting Dirty and Staying Clean* by Amy Dresner, and What I Couldn't Tell You: One Man's Struggle with Opioid Addiction by Matthew Edwards.

APPENDIX 7H: POLICY ASSIGNMENT

Write your state representative.

1) Locate a representative you want to contact (e.g., a legislator or governor).
2) Choose a policy or policies that you think will curtail the trend of opioid use in your state.
3) Use data from the semester readings to support your claim that your state needs to implement this policy.
4) Share the value of supporting the employment of social workers in the state. (Use NASW policy and Code of Ethics.)5. Comment on two other letters if used as a discussion board.

APPENDIX 7I: SELF-ASSESSMENT OF PREPAREDNESS FOR SUD PRACTICE

Overview

In this assignment you will be asked to complete a reflective self-assessment, incorporating what you have learned thus far in the course and the biopsychosocial approach.

Purpose

Many clients are affected by SUDs in some way. This means that whether we personally deal with such a problem, chances are we know someone who does. Because social workers provide services to those affected by these disorders, we must reflect on our own professional use of self. This assignment is designed to assess your competency with course objectives 2 and 3 and CSWE EPAS standards X, Y, and Z.

Rubric

This assignment will be graded on a 0- to 15-point scale (or 15% of your final grade) according to the rubric below.

Rubric for Self-assessment of Preparedness for Mental Health Practice							
POINTS OR % EARNED		**0 POINTS**	**1–3 POINTS**	**4–6 POINTS**	**7–9 POINTS**	**10–12 POINTS**	**13–15 POINTS**
Assessment Criteria	Overall quality: APA style, grammar, mechanics, spelling, organization, sentence structure	Paper is unclear or disorganized. Assignment contains excessive (more than 6 occurrences) conceptual or organizational flaws, lack of forethought, grammar, spelling, or structural errors.	Assignment contains repetitive (5 occurrences) conceptual or organizational flaws, lack of forethought, grammar, spelling, or structural errors.	Assignment contains multiple (4 occurrences) conceptual or organizational flaws, lack of forethought, grammar, spelling, or structural errors.	Assignment contains few (2 or 3 occurrences) conceptual or organizational flaws, lack of forethought, grammar, spelling, or structural errors.	Assignment contains minor (1 occurrence) conceptual or organizational flaws, lack of forethought, grammar, spelling, or structural errors.	APA format is followed, no misspellings or grammatical errors. Forethought and proofreading are evident.
	Introduction and reflection	This section is missing or very unclear.	Introduction, beliefs, or reflection is missing, although some brief information is provided.	Student provides very basic information for introduction, beliefs, and reflection.	Relevant information about introduction, beliefs, and reflection is provided. More information is needed for a clearer picture of student and beliefs.	Relevant information is provided in introduction, including specifics. A clear picture of the student is provided. Very minor occurrences of missing information.	Prompts are comprehensively addressed, student demonstrates a clear understanding of who she or he is and what beliefs she or he holds about mental health.

(continued)

Rubric for Self-assessment of Preparedness for Mental Health Practice (continued)

POINTS OR % EARNED		0 POINTS	1–3 POINTS	4–6 POINTS	7–9 POINTS	10–12 POINTS	13–15 POINTS
Assessment Criteria	Strengths and barriers	This section is missing or very unclear.	Either strengths or barriers are not acknowledged, minimal understanding of how experience affects preparedness.	Minimal strengths and barriers are acknowledged; more information is needed for a comprehensive view of experience and preparedness.	Relevant information about strengths and barriers is provided. More information is needed for a clearer picture of experiences or biases.	Relevant information about prompts is provided. Very minor occurrences of missing or unclear information.	Student fully incorporates experiences, strengths, biases, and barriers to his or her future work with mental health. Prompts are comprehensively addressed.
	Assessments and future practice	This section is missing or very unclear.	Either assessment aspects or future practice ideas are missing, although some brief information is provided. No clear conclusion is provided.	Minimal assessment reflection and ideas are presented; more information is needed for a comprehensive view of student's understanding of the assessment process and ideas for future practice. Conclusion is unclear or incomplete.	Relevant information about assessments, including what the student would add to them, ideas for future practice, and a clear conclusion, is provided. More information is needed for a clearer picture of student's ideas.	Relevant information about assessments, including what the student would add to them, ideas for future practice, and a clear conclusion, is provided, with very minor occurrences of missing or unclear information.	Student fully incorporates his or her understanding of current biopsychosocial and spiritual assessments, includes what she or he would add to them, and a clear, concise conclusion is included, tying together all prompts.

Format

Your Self-Assessment Assignment should consist of four parts. Limit your work to 5 pages of content and use APA formatting.

Part 1: Introduction and Reflection on Experience

Identify your personal beliefs about and experiences with SUDs. It is important to note that we are not requiring self-disclosure here. You have the right to your privacy, and the purpose of this section is to assist you with self-assessment. Your responses will be kept confidential, within limits of confidentiality according to the NASW Code of Ethics. This section should be preceded by an introduction to the assignment and a purpose statement. Suggested length: 1–2 pages.

Writing Prompts (Note: These are not subheadings. Do not write each of these prompts in your narrative and then respond. They are meant to guide you in the completion of the assignment.)

- How were your beliefs about SUDs formed?
- How did your experiences shape your view of these disorders or the current SUD treatment system?
- What has shaped your view of "normal" or "abnormal" with regard to substance use?

Part 2: Experiences as Strengths

How will your self-reflection, beliefs, and experiences with SUDs and the SUD treatment system improve your practice with clients as a social worker? Suggested length: 2–3 paragraphs.

Writing Prompts

- Will you use self-disclosure, and if so, to what degree?
- How will you practice professional boundaries in your work with clients?

Part 3: Biases as Barriers

How might your personally held beliefs, experiences, or biases affect your practice with these clients as a social worker? It is important to note that we all have biases, and being aware of one's own biases is an essential part of competent social work practice. Suggested length: 3–4 paragraphs.

Writing Prompts

- If you are currently working in the field or completing an internship, what conflicts have arisen that required you to examine your personal biases?
- If you are not currently working in the field or completing an internship, what areas of practice or types of clients do you anticipate being faced with that will require examination of your personal biases?
- In what ways are you working to minimize the effect these biases and experiences may have on practice?

Part 4: Biopsychosocial Assessments and Ideas for Future Practice

Considering the biopsychosocial assessment that was introduced in the text, how do you envision using this in your social work practice? A conclusion should follow this area, tying together your self-reflective piece and referring to your purpose statement. Suggested length: 1 page.

Writing Prompts

- What do you think is the most important aspect of a biopsychosocial assessment?
- What would you add to a biopsychosocial approach for a more complete assessment of clients with SUDs?

APPENDIX 7J: SELF-HELP GROUP PAPERS

Self-help Meeting Papers

This includes the following (10 points each):

Select two open (or closed if you qualify for membership) alcohol- or drug-related self-help meetings to attend.

- One must be a 12-step meeting for people who are in recovery (e.g., AA, NA).
- One must be for family members (e.g., Al-Anon, Nar-Anon, Tough Love). The meetings should be of a type you have not previously attended. For example, if you have attended AA meetings in the past, you should not attend the same AA meeting for this assignment.

Take notes after the meeting (not during) to summarize the content (e.g., themes, content, materials, being sure to protect confidentiality of the meetings) and process (how the meeting was run), as well as your reactions to the meeting. If you don't take these notes, you'll have a hard time writing the paper later.

After attending the selected meeting, write a brief paper (2–3 pages maximum for each meeting) that address the following points:

1) A description of the meeting's content and process (generally, without violating anonymity).
2) Describe how the character of the 12-step meetings you selected seemed to fit (or not) with what you had anticipated.
3) Describe how the values and principles of the meetings you attended fit or don't fit with social work values.
4) What were you feeling and thinking during the week, knowing you were going to have to attend the meeting.
5) Convey your thoughts and feelings about the meeting (before, during, and after) and insights you experienced as a result of the meetings.

6) Based on your experience, what do you think might make it less stressful for a client to attend their first meeting?

7) Discuss your comfort with recommending the organization to clients or their family members.

8) In the Al-Anon paper, add a brief section that compares both meetings on similarities and differences.

APPENDIX 7K: SUMMARY AND ANALYSIS EBP TREATMENT PAPER

Conduct a review of an EBP for substance use disorder treatment that you have been trained in or have an interest in being trained in.

Describe the practice in detail, including the population and setting it serves (include the sources for this information).

Conduct a literature review, including at least three articles that describe the benefits of this practice to clients and the data and research that support this practice.

Describe how practitioners are trained in this EBP, what is required, where it can be obtained, and sources (e.g., books, website, trainers).

Discuss any possible strengths, weaknesses, or challenges of using this EBP with clients as noted in the literature.

This paper should be 3 pages long, not counting a reference page, using APA format.

APPENDIX 7L: ABSTAINING EXERCISE

Think about things you do on a regular basis that you enjoy. For this exercise, pick one of them that you are willing to give up for a week. Starting Sunday, resolve to give it up for 7 days. It can be anything you like, such as your favorite food, Facebook, or a behavior you have, such as cracking your knuckles.

1) Fill out the following chart each time you have an urge for the thing you are giving up. You can put the chart on an index card for every day and

fill it out that way, or you can extend the chart to have as many lines as you need for the week.

2) Once you have done this for the day, rate how hard or easy it was to get through the day giving something up that you enjoy (1 = no problem; 5 = moderate challenge; 10 = really hard).

Sunday	1	2	3	4	5	6	7	8	9	10
Monday	1	2	3	4	5	6	7	8	9	10
Tuesday	1	2	3	4	5	6	7	8	9	10
Wednesday	1	2	3	4	5	6	7	8	9	10
Thursday	1	2	3	4	5	6	7	8	9	10
Friday	1	2	3	4	5	6	7	8	9	10
Saturday	1	2	3	4	5	6	7	8	9	10

3) At the end of the week, write a page or two that addresses what this experience was like for you. Was it easy or hard? What surprised you? Did you ask for help from anyone? Why or why not? Did it get harder or easier over time? Include your thoughts on how your experience might have some similarities to clients seeking treatment for SUDs. Include your rating scale of 1–10 for the week on a separate sheet of paper.

SITUATION	EXAMPLE	THOUGHTS	FEELINGS	OUTCOME
Example: Resting on couch	Want to check FB	Oh no, I can't do that. I hate this restriction!!	Angry, deprived	Found something else to do instead

A cognitive–behavioral therapy (CBT) technique that makes it easier for some people to understand the sequence that leads up to the behavior involves a scale from 1 to 10 in which 10 is the ultimate expression of the behavior (e.g., the drink or the temper tantrum). Starting at the lower end of the scale, go through the scale and identify the escalating triggers of the behavior.

Example: Why did I eat that chocolate?

Feeling sad			**Angry**			**Feeling neglected**			**Eat it**
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
	Long, hard day at work			Feeling frustrated with all I have to do					
	Don't feel supported by boss			What difference will it make?				I deserve it!!	

APPENDIX 7M: FIELD ACTIVITY

1) Student discusses with his or her supervisor at the field placement SUD assessments and tools used at the agency.

2) Depending on the student's skills and needs, he or she:

   - Receives orientation or training.
   - Reviews files from other clinicians (if appropriate).
   - Sits in on assessments by other clinicians (if appropriate).

3) Student incorporates knowledge into SUD assessments with clients at the agency, under the supervision of the field instructor.

4) Instructor uses supervision time to discuss the student's integration of knowledge and skills and reviews his or her documentation of the assessment.

Possible readings to incorporate:

Diagnostic and Statistical Manual of Mental Disorders (DSM–5)

ASAM Criteria

Motivational Interviewing: Preparing People to Change Addictive Behavior

Competency 8

Intervene With Individuals, Families, Groups, Organizations, and Communities

COMPETENCY DESCRIPTION

Social workers are knowledgeable about the theories and models regarding the prevention, etiology, and treatment of SUDs and related issues and the level of empirical evidence that exists for each. They draw on theory, biopsychosocial assessment, diagnosis (when indicated), and treatment goals to select and implement evidence-supported interventions regarding substance use and associated problems with individuals and families. They are knowledgeable about group work specific to substance use treatment settings and deliver appropriate group interventions. They match the level of care for treatment according to the client's needs and social functioning. They recognize the intersection of physical and mental health issues with substance use and understand the interplay of substance use and associated behaviors that may require complex intervention strategies. Social workers consider pertinent theory; client characteristics; intersecting health, mental health, and addiction issues; client motivation and readiness for change; and client needs and desires to implement best interventions in accordance with their goals and available resources. They are skilled in substance use treatment and current evidence-supported interventions, including medication-assisted treatment and harm reduction strategies. Social workers are knowledgeable about the integration of technology in intervention at the micro, mezzo, and macro levels. Social workers are aware of community-based supports and mutual help groups and can refer clients to them as appropriate. They work with clients to enhance the quality of individual, family, and community well-being in order to facilitate recovery.

Social workers collaborate with stakeholders and constituencies in organizations and communities to identify risk and protective factors for substance use and associated problems in the system and identify structural factors and processes that may contribute to problematic substance use. They engage stakeholders and constituencies to develop prevention and intervention strategies to improve systemic functioning and enhance health. Social workers are leaders in shaping organizational and social policy to enhance social and environmental justice in order to promote systemic conditions of health and recovery. Social workers evaluate individuals' and systems' progress on goals and use ongoing assessment to adjust prevention and intervention strategies.

COMPETENCY BEHAVIORS

- Apply theoretical and empirical knowledge of the complex biopsychosocial factors that contribute to problematic substance use behaviors to deliver culturally sensitive, holistic, multilevel intervention and prevention programs.
- Identify evidence-supported interventions for substance use problems relevant to the client's strengths, needs, co-occurring conditions, and behaviors and implement the best practice option.
- Implement evidence-supported and culturally relevant family interventions to ameliorate substance misuse in the family and the impact of substance misuse on the family system.
- Select and implement group-based interventions to prevent or reduce substance use problems, including referrals to community-based peer support and mutual help groups.
- Evaluate the impact of social conditions on substance use behaviors and advocate for social change and social policies that will prevent and reduce substance use problems.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
ARTICLES	
Ainscough, T. S., McNeill, A., Strang, J., Calder, R., & Brose, L. S. (2017). Contingency management interventions for non-prescribed drug use during treatment for opiate addiction: A systematic review and meta-analysis. *Drug and Alcohol Dependence*, *178*, 318–339.	Knowledge Skills
Aldridge, A. A., Linford, R., & Bray, J. (2017). Substance use outcomes of patients served by a large US implementation of screening, brief intervention, and referral to treatment (SBIRT). *Addiction, 112* (suppl. 2), 43–53. https://onlinelibrary.wiley.com/doi/epdf/10.1111/add.13651	Knowledge Skills
Amaro, H. (2014). Implementing mindfulness-based relapse prevention in diverse populations: Challenges and future directions. *Substance Use and Misuse, 49,* 612–616.	Knowledge Skills
Bahorik, A., Queen, C., Chen, S., Foster, L. J. J., & Bangs, R. (2015). Racial disparities in community outcomes among individuals with schizophrenia and co-occurring substance use disorders. *Journal of Social Work Practice in the Addictions*, *15,* 165–184.	Knowledge Values Cognitive and Affective Processes
Beck, A. K., Forbes, E., Baker, A. L., Kelly, P. J., Deane, F. P., Shakeshaft, A., . . . Kelly, J. F. (2017). Systematic review of SMART Recovery: Outcomes, process variables, and implications for research. *Psychology of Addictive Behaviors*, *31*(1), 1–20.	Knowledge Skills
Begun, A. L., Clapp, J. D., & Alcohol Misuse Grand Challenge Collective. (2016). Reducing and preventing alcohol misuse and its consequences: A grand challenge for social work. *International Journal of Alcohol and Drug Research, 5*(2), 73–83. http://www.ijadr.org/index.php/ijadr/article/view/223	Knowledge Skills
Best, D., Savic, M., Mugavin, J., Manning, V., & Lubman, D. I. (2016). Engaging with 12-Step and other mutual aid groups during and after treatment: Addressing workers' negative beliefs and attitudes through training. *Alcoholism Treatment Quarterly*, *34,* 303–314.	Knowledge Values Skills Cognitive and Affective Processes

(continued)

Readings *(continued)*

Resource	Competency Dimension
Brown, A. R. (2018). A systematic review of psychosocial interventions in treatment of opioid addiction. *Journal of Social Work Practice in the Addictions, 18,* 249–269.	Knowledge Skills
Brownson, R. C., Allen, P., Jacob, R. R., Harris, J. K., Duggan, K., Hipp, P. R., & Erwin, P. C. (2015). Understanding mis-implementation in public health practice. *American Journal of Preventive Medicine, 48,* 543–551.	Knowledge Values Skills
Calhoun, S., Conner, E., Miller, M., & Messina, N. (2015). Improving the outcomes of children affected by parental substance abuse: A review of randomized controlled trials. *Substance Abuse and Rehabilitation, 6,* 15–24.	Knowledge
Cao, D., Marsh, J. C., Shin, H.-C., & Andrews, C. M. (2011). Improving health and social outcomes with targeted services in comprehensive substance abuse treatment. *American Journal of Drug & Alcohol Abuse*, *37,* 250–258.	Knowledge Skills
Carroll, K. M., Ball, S. A., Martino, S., Nich, C., Babuscio, T. A., & Rounsaville, B. J. (2009). Enduring effects of a computer-assisted training program for cognitive behavioral therapy: A 6-month follow-up of CBT4CBT. *Drug and Alcohol Dependence, 100,* 178–181.	Knowledge Skills
Clarke, P. B., Giordano, C. S., Cashwell, C. S., & Lewis, T. F. (2013). The straight path to healing: Using motivational interviewing to address spiritual bypass. *Journal of Counseling and Development, 91,* 87–94.	Knowledge Values Skills
Cody, P., Holleran-Steiker, L. K., & Szymandera, M. L. (2011). Equine therapy: Substance abusers' "healing through horses." *Journal of Social Work Practice in the Addictions, 11,* 198–204.	Knowledge Values
Dennis, C. B., & Earleywine, M. (2013). Assessing the attitudes substance abuse professionals have toward 12-Step culture: Preliminary results. *Journal of Social Work Practice in the Addictions, 13,* 373–392.	Knowledge Values
Dowling, N. A., Merkourkis, S. S., & Lorains, F. K. (2016). Interventions for comorbid problem gambling and psychiatric disorders: Advancing a developing field of research. *Addictive Behaviors, 58,* 21–30.	Knowledge Skills
Dugosh, K., Abraham, A., Seymour, B., McLoyd, K., Chalk, M., & Festinger, D. (2016). A systematic review on the use of psychosocial interventions in conjunction with medications for the treatment of opioid addiction. *Journal of Addiction Medicine, 10*(2), 93–103.	Knowledge Skills

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Readings *(continued)*

Resource	Competency Dimension
Echeburúa, E., Amor, P. J., & Gómez, M. (2017). Current psychological therapeutic approaches for gambling disorder with psychiatric comorbidities: A narrative review. *Salud Mental, 6,* 299–305.	Knowledge Skills
Edmond, M. B., Aletraris, L., Paino, M., & Roman, P. M. (2015). Treatment strategy profiles in substance use disorder treatment programs: A latent class analysis. *Drug and Alcohol Dependence, 153,* 109–115.	Knowledge Skills
Eng, P. (2019). Theorizing a more radical approach to addiction through the lens of participatory spirituality. *Addiction Research & Theory*. https://doi.org/10.1080/16066359.2019.1571190	Knowledge Values Skills Cognitive and Affective Processes
Friedrichs, A., Spies, M., Härter, M., & Buchholz, A. (2016). Patient preferences and shared decision making in the treatment of substance use disorders: A systematic review of the literature. *PLoS ONE*, *11*(1), 0145817.	Knowledge Skills
Galanter, M. (2018). Combining medically assisted treatment and Twelve-Step programming: A perspective and review. *American Journal of Drug and Alcohol Abuse, 44,* 151–159. https://www.tandfonline.com/doi/pdf/10.1080/00952990.2017.1306747?needAccess=true&	Knowledge Skills
Garland, E. L., & Howard, M. O. (2018). Mindfulness-based treatment of addiction: Current state of the field and envisioning the next wave of research. *Addiction Science & Clinical Practice, 13,* 14. https://doi.org/10.1186/s13722-018-0115-3	Knowledge Skills
Grant, S., Colaiaco, B., Motala, A., Shanman, R., Booth, M., Sorbero, M., & Hempel, S. (2017). Mindfulness-based relapse prevention for substance use disorders: A systematic review and meta-analysis. *Journal of Addiction Medicine*, *11,* 386–396.	Knowledge Skills
Gustafson, D. H., McTavish, F. M., Chih, M., Atwood, A. K., Johnson, R. A., Boyle, M. G., . . . Shah, D. (2014). A smartphone application to support recovery from alcoholism: A randomized clinical trial. *JAMA Psychiatry, 71,* 566–572.	Knowledge Values Skills
Haegerich, T. M., Paulozzi, L. J., Manns, B. J., & Jones, C. M. (2014). What we know and don't know, about the impact of state policy and systems-level interventions on prescription drug overdose. *Drug and Alcohol Dependence, 145,* 34–47.	Knowledge Values Skills Cognitive and Affective Processes

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Readings *(continued)*

Resource	Competency Dimension
Hanhardt, C. B. (2018). "Dead addicts don't recover": ACT UP's needle exchange and the subjects of queer activist history. *GLQ: A Journal of Lesbian and Gay Studies, 24,* 421–444.	Knowledge Values Cognitive and Affective Processes
Hawkins, J. D., Shapiro, V. B., & Fagan, A. A. (2010). Disseminating effective community prevention practices: Opportunities for social work education. *Research on Social Work Practice, 20,* 518–527.	Knowledge Skills
Jhanjee S. (2014). Evidence based psychosocial interventions in substance use. *Indian Journal of Psychological Medicine, 36*(2), 112–118.	Knowledge Values
Kelly, J. F., Hoeppner, B., Stout, R. L., & Pagano, M. (2012). Determining the relative importance of the mechanisms of behavior change within Alcoholics Anonymous: A multiple mediator analysis. *Addiction, 107,* 289–299.	Knowledge Values
Kolodny, A., Courtwright, D. T., Hwang, C. S., Kreiner, P., Eadie, J. L., Clark, T. W., & Alexander, G. C. (2015). The prescription opioid and heroin crisis: A public health approach to an epidemic of addiction, *Annual Review of Public Health, 36,* 559–574.	Knowledge Values Skills Cognitive and Affective Processes
Kumpfer, K., Magalhães, C., & Xie, J. (2017). Cultural adaptation and implementation of family evidence-based interventions with diverse populations. *Prevention Science, 18,* 649–659.	Knowledge Values Skills Cognitive and Affective Processes
Kumpfer, K. L., Whiteside, H. O., Greene, J. A., & Allen, K. C. (2010). Effectiveness outcomes of four age versions of the Strengthening Families Program in statewide field sites. *Group Dynamics: Theory, Research, and Practice, 14*(3), 211–219.	Knowledge Skills
Lee, H. S., Engstrom, M., & Petersen, S. R. (2011). Harm reduction and 12 steps: Complementary, oppositional or something in between. *Substance Use & Misuse, 46,* 1151–1161.	Knowledge Values Skills Cognitive and Affective Processes

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Readings *(continued)*

Resource	Competency Dimension
Leeman, J., Calancie, L., Hartman, M. A., Escoffery, C. T., Herrmann, A. K., Tague, L. E., & Samuel-Hodge, C. (2015). What strategies are used to build practitioners' capacity to implement community-based interventions and are they effective? A systematic review. *Implementation Science, 10,* 80.	Knowledge Skills Cognitive and Affective Processes
Levy, S. J., Williams, J. F., & Committee on Substance Use and Prevention. (2016). Substance use screening, brief intervention, and referral to treatment. *Pediatrics, 138*(1), e20161211. https://pediatrics.aappublications.org/content/pediatrics/138/1/e20161211.full.pdf	Knowledge Skills
Liddle, H. A. (2016). Multidimensional family therapy: Evidence base for transdiagnostic treatment outcomes, change mechanisms, and implementation in community settings. *Family Process, 55,* 558–576.	Knowledge Skills Cognitive and Affective Processes
Littrell, J. (2011). How addictions happen, how change happens, and what social workers need to know to be effective facilitators of change. *Journal of Evidence-Based Social Work, 8,* 469–486.	Knowledge Values Skills Cognitive and Affective Processes
Littrell, J. (2017). Expanding access to medication assisted treatment: The U.S. government's response to the current heroin epidemic. *Social Work in Mental Health, 15*, 209–229.	Knowledge Values Skills Cognitive and Affective Processes
Magill, M., Stout, R. L., & Apodaca, T. R. (2013). Therapist focus on ambivalence and commitment: A longitudinal analysis of motivational interviewing treatment ingredients. *Psychology of Addictive Behaviors, 27,* 754–762.	Knowledge Values Skills
Marsch, L. A., Carroll, K. M., & Kiluk, B. D. (2014). Technology-based interventions for the treatment and recovery management of substance use disorders: A JSAT special issue. *Journal of Substance Abuse Treatment, 46*(1), 1–4.	Knowledge Values Skills Cognitive and Affective Processes

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Readings *(continued)*

Resource	Competency Dimension
Marsh, J. C., Cao, D., Guerrero, E., & Shin, H.-C. (2009). Need-service matching in substance abuse treatment: Racial/ethnic differences. *Evaluation & Program Planning, 32*(1), 43–51.	Knowledge Skills
McCabe, H. A., & Wahler, E. A. (2016). The Affordable Care Act, substance use disorders and low-income clients: Implications for social work. *Social Work, 61,* 227–233.	Knowledge Values Skills Cognitive and Affective Processes
McPherson, S. M., Burduli, E., Smith, C. L., Herron, J., Oluwoye, O., Hirchak, K., . . . Roll, J. M. (2018). A review of contingency management for the treatment of substance-use disorders: Adaptation for underserved populations, use of experimental technologies, and personalized optimization strategies. *Substance Abuse and Rehabilitation*, *9,* 43–57. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6095117/	Knowledge Values Skills Cognitive and Affective Processes
Melemis, S. M. (2015). Relapse prevention and the five rules of recovery. *Yale Journal of Biology and Medicine, 88*(3), 325–332.	Knowledge Skills
Merkouris, S. S., Thomas, S. A., Browning, C. J., & Dowling, N. A. (2016). Predictors of outcomes of psychological treatments for disordered gambling: A systematic review. *Clinical Psychology Review, 48,* 7–31.	Knowledge
Naqvi, N. H., & Morgenstern, J. (2015). Cognitive neuroscience approaches to understanding behavior change in alcohol use disorder treatments. *Alcohol Research: Current Reviews, 37*(1), 29–38.	Knowledge Skills
Neger, E. M., & Prinz, R. J. (2015). Interventions to address parenting and parental substance abuse: Conceptual and methodological considerations. *Clinical Psychology Review, 39,* 71–82.	Knowledge Skills
Novins, D. K., Croy, C. D., Moore, L. A., Rieckman, T. (2016). Use of evidence-based treatment in substance abuse treatment programs serving American Indian and Alaska Native communities. *Drug and Alcohol Dependence, 161,* 214–221.	Knowledge Values Skills Cognitive and Affective Processes

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Readings *(continued)*

Resource	Competency Dimension
O'Farrell, T. J., Schumm, J. A., Murphy, M. M., & Muchowski, P. M. (2017). A randomized clinical trial of behavioral couples therapy versus individually-based treatment for drug-abusing women. *Journal of Consulting and Clinical Psychology, 85,* 309–322.	Knowledge Skills
O'Hare, T., & Sherrer, M. (2012). Substance use motives in people with severe mental illness: Comparisons among four diagnostic groups. *Journal of Social Work Practice in the Addictions, 12,* 370–390.	Knowledge Values Skills Cognitive and Affective Processes
Olsson, K. L., Cooper, R. L., Nugent, W. R., & Reid, R. C. (2016). Addressing negative affect in substance use relapse prevention. *Journal of Human Behavior in the Social Environment, 26,* 2–14.	Knowledge Skills
Pade, P., Fehling, P., Collins, S., & Martin, L. (2017). Opioid overdose prevention in a residential care setting: Naloxone education and distribution. *Substance Abuse,* 38(1), 113–117.	Knowledge Values Skills
Peele, S. (2016). People control their addictions: No matter how much the "chronic" brain disease model of addiction indicates otherwise, we know that people can quit addictions—with special reference to harm reduction and mindfulness, *Addictive Behaviors Reports, 4,* 97–101.	Knowledge Values Skills Cognitive and Affective Processes
Penberthy, J. K., Konig, A., Gioia, C. J., Rodríguez, V. M., Starr, J. A., Meese, W., . . . Natanya, E. (2015). Mindfulness based relapse prevention: History, mechanisms of action, and effects. *Mindfulness, 6,* 151–158.	Knowledge Skills
Petry, N. M., Rash, C. J., & Alessi, S. M. (2016). A randomized controlled trial of brief interventions for problem gambling in substance abuse treatment patients. *Journal of Consulting Clinical Psychology, 84,* 874–886.	Knowledge Skills
Ramsey, A. T. (2015). Integration of technology-based behavioral health interventions in substance abuse and addiction services. *International Journal of Mental Health and Addiction, 13,* 470–480.	Knowledge Skills

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Readings *(continued)*

Resource	Competency Dimension
Samson, J. E., & Tanner-Smith, E. E. (2015). Single-session alcohol interventions for heavy drinking college students: A systemic review and meta-analysis. *Journal of Studies on Alcohol and Drugs, 76,* 530–543.	Knowledge Skills
Sayegh, C. S., Huey, S. J. Jr., Zara, E. J., & Jhaveri, K. (2017). Follow-up treatment effects of contingency management and motivational interviewing on substance use: A meta-analysis. *Psychology of Addictive Behaviors, 31,* 403–414.	Knowledge Skills
Suchman, N., DeCoste, C., McMahon, T., Dalton, R., Mayes, L., & Borelli, J. (2017). Mothering from the inside out: Results of a second randomized clinical trial testing a mentalization-based intervention for mothers in addiction treatment. *Development and Psychopathology, 29,* 617–636.	Knowledge Skills
Susukida, R., Crum, R. M., Stuart, E. A., & Mojtabai, R. (2018). Generalizability of the findings from a randomized controlled trial of a web-based substance use disorder intervention. *American Journal on Addictions, 27,* 231–237.	Knowledge Skills
Szott, K. (2015). Contingencies of the will: Uses of harm reduction and the disease model of addiction among health care practitioners. *Health, 19,* 507–522.	Knowledge Values Cognitive and Affective Processes
Thorens, G., Schab, S., Rothen, S., Khaazal, Y., & Zulllino, D. (2014). Harm reduction in non-substance related addictions. *Alcohol and Alcoholism, 49*(suppl 1), i11.	Knowledge Skills
Vakharia, S., & Little, J. (2017). Starting where the client is: Harm reduction guidelines for clinical social work practice. *Clinical Social Work Journal, 45,* 65–76.	Knowledge Skills
Wimberly, A. S., Engstrom, M., Layde, M., & McKay, J. R. (2018). A randomized trial of yoga for stress and substance use among people living with HIV in reentry. *Journal of Substance Abuse Treatment, 94,* 97–104.	Knowledge Skills
Winters, K. C., Tanner-Smith, E. E., Bresani, E., & Meyers, K. (2014). Current advances in the treatment of adolescent drug use. *Adolescent Health, Medicine, and Therapeutics, 5,* 199–210.	Knowledge Skills
Woody, G. E. (2017). Advances in the treatment of opioid use disorders. *F1000 Research, 6,* 87. doi:10.12688/f1000research.10184.1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5288680/	Knowledge Skills

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Readings *(continued)*

Resource	Competency Dimension
Yates, P. (2014). San Patrignano: A narrative approach to substance abuse treatment. *Journal of Social Work Practice in the Addictions, 14,* 435–440.	Knowledge Skills
Young, L. B. (2011). Hitting bottom: Help seeking among Alcoholics Anonymous members. *Journal of Social Work Practice in the Addictions, 11,* 321–335.	Knowledge Values Cognitive and Affective Processes
BOOK CHAPTERS	
Morrison, J. A. Berenz, E. C., & Coffey, S. F. (2014). Exposure-based trauma-focused treatment for comorbid PTSD-SUD. In P. Ouimette & J. P. Read (Eds.), *Trauma and substance abuse: Causes, consequences, treatment of comorbid disorders* (2nd ed., pp. 253–279). American Psychological Association.	Knowledge Skills
Najavits, L. M. (2014). Creating change: A new past-focused model for trauma and substance abuse. In P. Ouimette & J. P. Read (Eds.), *Trauma and substance abuse: Causes, consequences, treatment of comorbid disorders* (2nd ed., pp. 281–303). American Psychological Association.	Knowledge Skills
Olsen, Y., & Sharfstein, J. M. (2019). Treatment and recovery policy for the opioid epidemic. In *The opioid epidemic: What everyone needs to know* (pp. 67–96). Oxford University Press.	Knowledge Values Cognitive and Affective Processes
Olsen, Y., & Sharfstein, J. M. (2019). Treatment for opioid addiction. In *The opioid epidemic: What everyone needs to know* (pp. 171–189). Oxford University Press.	Knowledge Values Cognitive and Affective Processes
U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016, November). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Author. Chapter 3, Prevention Programs and Policies. Appendix B, Evidence-based Prevention Programs and Policies.	Knowledge Values Skills Cognitive and Affective Processes

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Readings *(continued)*

Resource	Competency Dimension
Winters, K. C., et al. (2018). Adolescent substance abuse treatment: A review of evidence-based research. In C. Leukefeld & T. Gullotta (Eds.), *Adolescent substance abuse. Issues in children's and families' lives*. Springer.	Knowledge Skills Cognitive and Affective Processes
BOOKS	
Denning, P., & Little, J. (2012). *Practicing harm reduction psychotherapy: An alternative approach to addictions* (2nd ed.). Guilford.	Knowledge Values Skills Cognitive and Affective Processes
Mee-Lee D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., & Miller, M. M. (Eds.). (2013). *The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed.). The Change Companies.	Knowledge Skills
Miller, W. R., Forcehimes, A. A., & Zweben, A. (2019). *Treating addiction: A guide for professionals* (2nd ed.). Guilford.	Knowledge Values Skills Cognitive and Affective Processes
Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: helping people change* (3rd ed.). Guilford.	Knowledge Values Skills Cognitive and Affective Processes
Roth, J. D., & White, W. L. (Eds.). (2014). *Broadening the base of addiction mutual support groups: Bringing theory and science to contemporary trends.* Routledge.	Knowledge Values Skills

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Readings *(continued)*

Resource	Competency Dimension
Straussner, S. L. (Ed.). (2014). *Clinical work with substance abusing clients*. Guilford Press.	Knowledge Values Skills Cognitive and Affective Processes
Straussner, S. L. A., & Fewell, C. H. (2011). *Children of substance abusing parents: Dynamics and treatment.* Springer.	Knowledge Values Skills Cognitive and Affective Processes
Sun, A. P. (2018). *Treating addictions: The four components*. Routledge.	Knowledge Values Skills Cognitive and Affective Processes
Van Wormer, K., & Davis, D. R. (2018). *Addiction treatment: A strengths perspective* (4th ed.). Cengage Learning.	Knowledge Values Skills Cognitive and Affective Processes
Velasquez, M. M., Crouch, C., Stephens, N. S., & DiClemente, C. C. (2016). *Group treatment for substance abuse: A stages-of-change therapy manual* (2nd ed.). Guilford Press.	Knowledge Values Skills Cognitive and Affective Processes
Wiechelt, S. A., & Straussner, L. (Eds.). (2016). *Examining the relationship between trauma and addiction*. Routledge.	Knowledge Values Skills Cognitive and Affective Processes

Learning Activities	
Resource	**Competency Dimension**
Identifying and Languaging Feelings Students engage in an experiential exercise to learn how to teach clients to identify their feelings and communicate their experience to others. The ability to identify and language feelings is a skill necessary for participation in therapeutic processes and recovery work. See Appendix 8A-1.	Knowledge Skills Cognitive and Affective Processes
Treatment Planning Students learn how to develop a coherent, meaningful, and measurable treatment plan for each client. See Appendix 8A-2.	Knowledge Skills Cognitive and Affective Processes
Motivational Interviewing Facilitation Students practice and can demonstrate competence in the use of basic motivational interviewing listening skills and techniques. See Appendix 8A-3.	Knowledge Skills Cognitive and Affective Processes
SBIRT Skills Practice Student practice using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach in role-plays using case vignettes. See Appendix 8A-4.	Knowledge Values Skills Cognitive and Affective Processes
CBT Relapse Prevention Practice Students practice using the CBT model for relapse prevention with clients who experience substance use problems or disorders via role plays with other students by using case vignettes. See Appendix 8A-5.	Knowledge Values Skills Cognitive and Affective Processes
Harm Reduction Group Work Students practice implementing a harm reduction group by engaging in role plays of groups of people who have substance use problems, with one student in each group acting as the social worker facilitating the group. See Appendix 8A-6.	Knowledge Values Skills Cognitive and Affective Processes

Media	
Resource	**Competency Dimension**
MUTUAL AID GROUPS	
Al-Anon http://www.al-anon.org	Knowledge
Alcoholics Anonymous http://www.aa.org	Knowledge
Nar-Anon Family Groups https://www.nar-anon.org	Knowledge
Narcotics Anonymous http://www.na.org	Knowledge
Secular Organizations for Sobriety http://www.sossobriety.org	Knowledge
SMART Recovery http://www.smartrecovery.org/	Knowledge
Women for Sobriety https://womenforsobriety.org	Knowledge
GOVERNMENT WEBSITES	
Drugs of Abuse (DEA) https://www.dea.gov/documents/2017/06/15/drugs-abuse	Knowledge
National Institute on Alcohol Abuse and Alcoholism, Professional Education Materials https://www.niaaa.nih.gov/publications/clinical-guides-and-manuals	Knowledge
National Institute on Drug Abuse, Resources for Medical & Health Professionals http://www.nida.nih.gov	Knowledge
National Institute on Drug Abuse for Teens (games and activities) https://teens.drugabuse.gov/	Knowledge
Substance Abuse and Mental Health Services Administration http://www.samhsa.gov	Knowledge

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Media *(continued)*

Resource	Competency Dimension
Office of Disease Prevention and Health Promotion, Healthy People.Gov, Evidence-Based Resources https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse/ebrs	Knowledge
Substance Abuse and Mental Health Services Administration Co-occurring Disorders http://www.samhsa.gov/co-occurring	Knowledge
INFORMATIONAL PAGES	
Harm Reduction Coalition: Overdose Prevention https://harmreduction.org/issues/overdose-prevention/	Knowledge
International Drug Policy Consortium https://idpc.net/about	Knowledge
National Association for Children of Addiction https://nacoa.org	Knowledge Skills
We Are the Drug Policy Alliance http://www.drugpolicy.org	Knowledge
VIDEOS	
Opiates and Evidence-based Treatment Success https://www.pbs.org/wgbh/nova/video/addiction/	Knowledge
"Chasing Heroin," PBS *Frontline* Special https://www.pbs.org/wgbh/frontline/film/chasing-heroin/	Knowledge
Chasing the Dragon Documentary (FBI/DEA) https://www.fbi.gov/video-repository/newss-chasing-the-dragon-the-life-of-an-opiate-addict/view	Knowledge
Webinar: Making the Connection: Homelessness and the Opioid Crisis https://endhomelessness.org/resource/make-connection-homelessness-opioid-crisis/	Knowledge Skills
Motivational Interviewing (resources and video links) https://motivationalinterviewing.org/motivational-interviewing-resources	Knowledge

(continued)

Media *(continued)*

Resource	Competency Dimension
Motivational Interviewing Bad and Good Examples https://www.youtube.com/watch?v=_VIvanBFkvI https://www.youtube.com/watch?v=67I6g1l7Zao	Knowledge Skills
Making a Place Called Safe: A Public Health Case for a Safer Injection Facility in San Francisco, CA https://www.youtube.com/watch?time_continue=68&v=9yZ5Pd3ULbw	Knowledge Values
Mouse Party! (shows impact of various drugs on the brain) https://illinois.pbslearningmedia.org/resource/lsps07.sci.life.gen.mouseparty/mouse-party/#.WSb4OEewfIU	Knowledge
Preventing Prescription Drug Overdose https://drogriporter.hu/en/how-to-prevent-prescription-drug-overdose-deaths/	Knowledge Values

Assignments

Resource	Competency Dimension
Mutual Aid Meeting Paper Students attend a meeting of a mutual aid group and write a reflection paper that involves critical thinking and assessment of their own cognitive and affective processes and pertinent literature. Students will also consider ways of referring clients to these programs. See Appendix 8B-1.	Knowledge Values Skills Cognitive and Affective Processes
Case Analysis Students are provided a case to analyze along with a series of questions pertinent to social work practice with a client who has substance use problems (e.g., diagnosis, intervention, and treatment plan). See Appendix 8B-2.	Knowledge Values Skills Cognitive and Affective Processes
Group Presentation on a Special Population Student teams work together to develop a group presentation on a selected special population and needs and interventions specific to the selected population. See Appendix 8B-3.	Knowledge Values Skills Cognitive and Affective Processes

(continued)

Assignments *(continued)*

Resource	Competency Dimension
Group Facilitation Demonstration Students will research, develop, and implement a group in the classroom setting. See Appendix 8B-4.	Knowledge Skills Cognitive and Affective Processes
Motivational Interviewing Reflection Paper Students will engage in motivational interviewing processes during a client interview or interaction and write a paper reflecting on the experience. See Appendix 8B-5.	Knowledge Skills Cognitive and Affective Processes
Prevention Planning Assignment Student will work together in groups to develop a prevention plan for a community using the SAMHSA Strategic Planning Framework (see https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/strategic-prevention-framework/main) and present the plan to the class and write a paper on the plan. See Appendix 8B-6.	Knowledge Skills Cognitive and Affective Processes

Field Activities

Resource	Competency Dimension
Determine what approaches your field placement setting is using to address substance use problems (e.g., abstinence based, harm reduction, trauma informed, trauma specific, CBT, 12-Step facilitation). You can accomplish this by reading literature put out by the agency, such as pamphlets, or mission statements; observing the interventions used by clinicians; and having discussions with your field instructor. Consider the benefits and drawbacks of the approaches used and discuss them in your field seminar.	Knowledge Values Skills Cognitive and Affective Processes
Independently (under the supervision of your field instructor or task supervisor) work with a client or client group to develop a relapse prevention plan and teach them skills necessary to prevent relapse.	Knowledge Skills
Identify evidence-based family interventions that would benefit clients and their families where substance use is a problem in your agency setting. Implement the intervention under the supervision of your field instructor.	Knowledge Skills

(continued)

Field Activities *(continued)*

Resource	Competency Dimension
Consider current drug policy and how it has affected or affects the client population you are working with. Determine at least two ways you could advocate on behalf of the client populations. Discuss your ideas with your field instructor and in your field seminar.	Knowledge Values Skills Cognitive and Affective Processes
Research, develop, and implement a skill-based group that would benefit your client population under the supervision of your field instructor (e.g., assertiveness, anger management, mindfulness).	Knowledge Skills Cognitive and Affective Processes

APPENDIX 8A-1: IDENTIFYING AND LANGUAGING FEELINGS

Students engage in an experiential exercise to learn how to teach clients to identify their feelings and communicate their experience to others. In order to participate in many therapeutic approaches, people need to be able to identify and articulate their emotional experiences and reactions. One effect of this exercise is that it helps students recognize their own capacity for feeling identification and articulation. It also provides them with an opportunity to practice facilitating a skill-building group. Provide students with a "feeling grid" with cells for happy, sad, scared, and mad. Ask students to write in additional low-, medium-, and high-intensity feeling words under each category (e.g., "ecstatic" is a high-intensity feeling word under "happy"). Discuss the students' experience filling out this grid. Provide them with a feeling grid that shows many feeling words (create your own or use an online resource, e.g., https://www.cnvc.org/sites/default/files/feelings_inventory_0.pdf). Be clear with the students that you would not give the blank grid to clients but rather would provide them with a complete feelings chart. Break up your class into groups of six to eight. Each group should pick one member to act as the social worker. Provide each group with a large doodle pad sheet or poster board and large magic marker. The group social worker draws a large blank grid on the sheet. They then ask the group members to call out feeling words and write

them on the grid. Once the grid is full of feeling words, the group members take turns flipping a quarter onto the grid. The group member who flipped the coin defines the feeling word that the coin lands on and describes what the feeling is like (e.g., where you experience it in your body and what happens). They should also provide an example of a time that they experienced the feeling. Other group members can provide help if any member has difficulty defining the feeling word, describing the feeling experience, or providing an example.

APPENDIX 8A-2: TREATMENT PLANNING

The goal of the exercise is to help students learn how to develop a coherent, meaningful, and measurable treatment plan for each client. Divide the class into smaller groups (four or five students per group). Distribute copies of an identical case scenario—a client who has multiple problems or needs, including an SUD or substance use problem—to each student. Each group will take 40 minutes to discuss the case and come up with a treatment plan. For the treatment plan, each group will identify and prioritize three major problems or needs of the client, develop corresponding treatment goals and objectives, and list various intervention strategies or actions to achieve each goal. Each group will then send a representative to write its treatment plan on the whiteboard or blackboard. Alternatively, the exercise can be completed by the student groups on a computer and shown on screen with a projector or sharing software. The instructor and the entire class will review, evaluate, and discuss the quality (merits and room for improvement) of the treatment plan developed by each group.

APPENDIX 8A-3: MOTIVATIONAL INTERVIEWING FACILITATION

The purpose of this exercise is to provide students with an opportunity to practice and demonstrate competence in the use of motivational interviewing (MI) basic listening skills and techniques. Divide the students into groups of three. Each group of students will construct and facilitate sample client interviews from a variety of clinical and nonclinical settings (students may use

a case from their own experiences in the field, or the instructor can provide case vignettes). Each student in the group will take a turn serving as client, facilitator, and observer. Each interview will include the use of at least three basic MI listening skills (i.e., open-ended questions, affirm, reflective listening, or summarize) and one MI technique (i.e., asking permission, eliciting change talk, exploring importance, normalizing, decisional balance, supporting self-efficacy, readiness to change ruler, or advice/feedback). After each interview the observer will provide feedback to the facilitator on their use of MI, and all three group members will discuss their experience and observations

APPENDIX 8A-4: SBIRT SKILLS PRACTICE

The purpose of this exercise is to build knowledge and skills for using the SBIRT approach with clients in a variety of practice settings to identify and address risky or problematic substance use. To begin the exercise, review the components of SBIRT (see https://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf). Break up the class into groups of three (clinician, client, and observer). Provide the students with at least three brief vignettes. Each student in each group will take turns in the roles of social worker, student, and observer. The observer should particularly watch for the social worker's adherence to the SBIRT model and be prepared to provide constructive feedback. At the end of each role play, the three group members should discuss their experience in the role play and the observations noted by the observer. After all, students have an opportunity to practice SBIRT in each role, reconvene the class, and hold a full class discussion of the experience and students' ideas about how SBIRT is consistent with social work values and practice methods.

APPENDIX 8A-5: CBT RELAPSE PREVENTION PRACTICE

The purposes of this exercise are for students to gain knowledge about CBT-informed relapse prevention strategies with clients who experience substance use problems or disorders and to develop skill for implementing the strategies with clients. Review CBT-informed relapse prevention strategies with the class (see https://pubs.niaaa.nih.gov/publications/arh23-2/151-160.pdf). Then divide

students into pairs and have each pair of students take turns in the role of the social worker and the client. Provide the students with case vignettes to use as a basis for the client role. The student in the social worker role should work with the student in the client role to develop a relapse prevention plan (i.e., identify triggers and high-risk situations and develop a plan for coping with them). Select one of the high-risk situations identified and work with the client to develop self-efficacy using a skill training strategy (i.e., modeling, practicing skill, feedback, and "homework"). After the students have completed their role plays, hold a class discussion on their experiences in the role play, lessons, learned, and ideas on how well the CBT approach for relapse prevention is consistent with social work values.

APPENDIX 8A-6: HARM REDUCTION GROUP WORK

The purposes of this assignment are for students to gain knowledge about a harm reduction–based group intervention for people who have substance use problems or disorders and practice skills facilitating such a group. Review the harm reduction group approach (see https://harmreductiontherapy.org/wp-content/uploads/2014/11/Harm-Reduction-Groups.pdf). Divide the class into groups of six to eight and ask each group to select a group facilitator. The group members should take on roles of clients with substance use problems or disorders. Allot enough time for the groups to practice and still leave time for whole class discussion considering the length of your class period. Reconvene the class and discuss the students' thoughts and feelings about the group practice, highlighting the utility of harm reduction approaches for serving populations of those who experience substance use problems and the application of harm reduction in group work with this population. Also discuss how well harm reduction group work comports with social work ethics and values.

APPENDIX 8B-1: MUTUAL AID MEETING ASSIGNMENT

Choose a mutual aid program for people who have substance use problems or are family members of people who have substance use problems (not one that you are a member of) (e.g., Alcoholics Anonymous, Al-Anon, SMART

Recovery). Attend an open meeting of the group. Meetings can be identified through online sources, schedule pamphlets, and other sources. Note any special instructions for attending a meeting. Identify three peer-reviewed articles pertinent to the type of meeting you attended. You may use additional peer-reviewed or non–peer-reviewed sources as well.

- Arrive at least 15 minutes before the meeting starts.
- Go to the meeting alone or with one other student (more than that may make group members feel uncomfortable).
- Identify yourself as "a social work student here to learn" about the group.
- Turn off or silence your devices (e.g., phones, watches). Do not text, look at your device, or use your device in any way during the meeting.
- Remain attentive and respectful throughout the meeting (note taking or whispering to others will be viewed as disrespectful).
- Keep the identity of anyone you see at the meeting confidential.

Write a brief (3- to 5-page) paper that includes the following:

- Statement of the type of meeting you attended, location, and time.
- Discussion drawing on the literature you selected about the nature and value of the program you attended (e.g., AA, NA, SMART Recovery) and the specific aspects of the program that are beneficial to people.
- Description of how you identified a meeting to attend and any challenges, thoughts, and feelings you experienced during the process.
- Description of your experience at the meeting (arrival, greeting, interactions, thoughts, feelings, and reactions you had).
- Description of the meeting process (do not disclose anyone's name).
- Discussion of how you think the program affects members and their substance use behaviors.
- Description of your reactions to the meeting.
- Descriptions of any new awareness you gained by attending the meeting.

- Discussion of how you would refer a client to this program, help them identify a meeting, and prepare them for attending their first meeting.

APPENDIX 8B-2: CASE ANALYSIS

Using the case vignette provided, respond to each item below.

1) Considering the case history, write a brief paragraph that describes the client's issues as they relate to or support the diagnosis of an SUD. Identify the level of severity rating for the SUD that you think fits the client.
2) Write a list of the client's needs and problems. Explain your rationale for each need or problem you identify.
3) Write a list of the client's strengths.
4) Considering the client's status on diversity (gender, race and ethnicity, religion), discuss any impacts on the addictive process, progression, recovery.
5) Write a list of recommendations for the client.
6) What level of care do you think the client needs for treatment (outpatient group, intensive outpatient, partial hospitalization, inpatient, residential)? If you think detoxification is needed, list that, but also add subsequent or simultaneous treatment. Explain your rationale for the selected level of care.
7) What therapeutic approach or combination of approaches would best help the client in the level of care you suggest (e.g., cognitive–behavioral, 12-Step facilitation, trauma-informed, integrated trauma and substance abuse treatment)? Explain why the approach or approaches would be best in this case. What theory or theories related to the etiology of addiction underlie the treatment approach?
8) Identify a treatment goal and list objectives for that goal. List specific interventions that would help the client to achieve the goals (e.g., psychoeducation group, individual sessions, family sessions).

9) Should the client's family be engaged in treatment? How? What type of treatment? Why?

10) Define relapse and relapse prevention. What strategies should be used to help the client prevent relapse?

APPENDIX 8B-3: GROUP PRESENTATION ON A SPECIAL POPULATION

Divide into groups of four or five members. Each group is responsible for developing a presentation on a special population. A list of possible special populations to focus on will be provided to you, and each group will select a population from the list. If two or more groups want the same population, the group for that population will be randomly selected in a class discussion of the assignment.

Each presentation should last 1.25 hours (including time for questions at the end).

During your presentation you should define and describe the population and particular issues regarding the etiology, course, and treatment (assessment, modalities, particular concerns, effective interventions) of SUDs or substance misuse in the group. Your presentation should reflect current knowledge on your topic area. You may use chapters in our textbook, books, journal articles, and Internet resources. Verify that any Internet sources you use are reliable (i.e., developed by a reputable source).

You may divide your work between group members in a variety of ways (e.g., literature search, presentation materials, verbal presentation). You may consult with the professor on your presentation plan. You may use PowerPoint slides or videos, weblinks, and so on.

You will be graded on the following:

- Quality of presentation materials (e.g., slides, handouts)
- Thoroughness of content covered relative to the topic
- Use of resources with appropriate citation (can be done on bottom of slide, reference slide, or slide handout)
- Quality of presentation delivery (holds audience's attention, engages audience, coordination between presenters apparent, rate and volume of speech appropriate).

APPENDIX 8B-4: GROUP FACILITATION DEMONSTRATION

For this assignment you and a co-facilitator (should you choose to have one) will design and implement a 20- to 30-minute group for the class. The group can be skill-based, psychoeducation, or therapeutic (e.g., session from a manualized program, process group). Considering the type of session you plan to demonstrate, recruit a group of your fellow students or the entire class to be your group members. Inform your group members which client population in what setting they are representing (e.g., adolescents in an intensive outpatient program). For groups that do not involve the entire class as group members, we will use a fishbowl approach (i.e. the active group will sit in a circle in the middle and the observing class members will sit in a circle around them).

When you are finished with the group:

- Ask participating members what they experienced during the group.
- Ask observers what they saw happening in the group.
- Explain the specific goals, strategies, and techniques you demonstrated in the group.
- Obtain feedback from the group members and observers on how well you accomplished your goals and implemented the strategies and techniques.

APPENDIX 8B-5: MOTIVATIONAL INTERVIEWING REFLECTION PAPER

The purpose of this paper is to demonstrate use of at least one of the four motivational interviewing (MI) processes during a client interview or interaction and to reflect on the experience. You will select a client interview or interaction from your field placement or place of employment. During the interview or interaction, you will practice use of at least one MI process. After the interview or interaction you will record the client conversation on the process recording sheet. You will then examine the conversation and reflect on your interaction, technique, and skill ability.

Your paper should include the following:

- A brief description of the placement or employment setting and types of clients served by the agency
- A brief description of the client selected for this paper (e.g., age, gender, services received, purpose of interaction) and of the interview or interaction
- A general description of the four MI processes, as well as a detailed description (the purpose, when and how) of at least one specific process you used during the interview
- A summary of your reaction or reflection on using the technique and your skill, benefits, and challenges to using the technique
- A sample of the process recording demonstrating use of at least one of the four MI processes

APPENDIX 8B-6: PREVENTION PROGRAM PLANNING

This is group assignment includes both a presentation and a paper. The detailed description for each is provided below.

Presentation

A community (to be assigned) has just hired you to initiate a substance abuse prevention program. In groups of four you will use SAMHSA's Strategic Prevention Planning Framework to design a prevention program. You will present your program to "the community" (your class) in a 30-minute PowerPoint presentation on the date you are assigned. Include attention to the following:

- Community description (e.g., epidemiology, culture), with relevant graphs or charts
- Needs assessment (e.g., nature and extent of substance use problems, risks and protective factors, current efforts to address problem)
- Building capacity (e.g., community readiness, potential resources, including ideas for gaining more resources, potential community partners, key stakeholders)

- Planning (e.g., prioritizing issues, designing logic model, exploration of evidence-based treatment models)
- Intervention (e.g., describe chosen evidence-based intervention, developmental appropriateness, potential strengths and limitations, cultural and ethical considerations)
- Evaluation (e.g., describe your evaluation plan, including any pre/post assessment measures or surveys)

Paper

Prepare a paper related to your assigned prevention program. The paper should be written in APA format and be approximately 5–10 pages in length. You are required to:

- Summarize theories of addiction and addictive behaviors.
- Describe theories of substance abuse prevention, including attention to risk and protective factors.
- Present your prevention program using the outline provided for your group presentation above (e.g., community description, needs assessment).
- Reflect on salient points of learning and insight achieved from completing this project.

Community Vignettes for Prevention Assignment

Spring Valley

Spring Valley, an ethnically and culturally diverse community, is located in a large northwestern metropolitan area. Each year, approximately 25% of the community relocates elsewhere. Approximately 25% of Spring Valley adults have less than a sixth-grade education, 45% have finished the twelfth grade, and 30% have college degrees. Spring Valley parents and caregivers work long hours. Most adults have full- or part-time jobs, with average annual incomes ranging from $15,000 to $60,000.

Many Spring Valley parents, some of whom many are single, meet weekly at the community center for salad and dessert. On the weekends, Spring Valley adults participate in soccer games and attend other recreational and social events at the community center, which has a liberal alcohol use policy.

Three spiritual communities—St. Mark's, the Faith Assembly of Christ, and the Calvary–Casa del Pueblo United Methodist Church—serve Spring Valley and the surrounding area. Each conducts several bilingual services, and two congregations offer English as a Second Language programs.

Local businesses actively support the community. C&S Enterprises, a local computer firm, is working with the Spring Valley Chamber of Commerce to gain support for First Night, a family-oriented alcohol-free New Year's celebration. Parents and local businesses have worked together to provide Internet access for local schools, to renovate the community's daycare facility, and to post bilingual signs in many local businesses.

Spring Valley also enjoys support from individual community residents. A local pharmacist recently realized that many of his customers, particularly retirees and immigrant families with young children, were not always following directions on prescription medications. He is working with several of the public schools and the area's retirement home to develop a bilingual education program that will be offered throughout the year as part of various community functions. Still, there are several vacancies on the boards of the three spiritual communities, and several seats on the community center board remain unfilled.

Loganville

Loganville is a rural frontier community of 15,000 residents. Until recently, Loganville's population was mostly lower-middle class, but there has been an influx of upper-middle-class professionals, drawn to the area because of its proximity to scenic Lake Thoa.

Typically, both parents work outside the home, resulting in less parental supervision of the community's school-aged children. Most professionals commute to jobs in the metropolitan area, some distance away. Parents tend to be active in local politics and schools, especially with regard to budgets. The community's twenty-one churches represent diverse faith traditions and are well attended.

Most residents subscribe to *The Herald* and *The Review*, daily newspapers from nearby cities. Television and radio programs are also feeds from regional metropolitan stations.

Approximately fifty small businesses compose Loganville's business district, which includes bars and stores where beer, wine, liquor, and tobacco products can be easily purchased, even by those younger than 21. The local weekly newspaper, *The Independence*, frequently carries articles on alcohol, tobacco, and other drug abuse, and these issues are often discussed at board of education and town council meetings. Long-time residents of Loganville and newer residents do not necessarily agree about these issues.

Approximately 3,000 students attend the township's public schools; another 1,000 students are enrolled in the local parochial school. Another 600 students attend the county vocational-technical school. Students are dismissed much earlier than most parents return home from work. Many of the community's teenagers have access to cars or pickup trucks and commonly report that "there is nothing to do in Loganville."

Loganville Public High School has an enrollment of 700 students, 70% of whom are white. African American, Asian American, and a small number of Hispanic American students compose the remainder. Approximately 60% of graduates go on to 4-year or community colleges. High school sporting events are well supported by the community.

Alcohol use is accepted as normal, even for teenagers. The children of lower-middle-class residents often smoke cigarettes, as do their parents. The children of upper-middle-class professionals tend not to smoke, although some local officials have noted a slight increase in smoking in this group. These parents attribute this change to the influence of the "poor" kids. The prevalence of other drug use is moderate.

Silver City

Silver City is a western community of approximately 50,000 residents surrounded by farms and ranches. Two major interstate highways intersect in Silver City and connect to an international border and a seaport of entry. Downtown Silver City was redeveloped about 10 years ago and continues to remain clean, with little graffiti. Although Old Town and the rest of the downtown are mainly commercial, there are few large businesses and no major

community funders other than United Way. Two industries that hire locally are a call-in catalog center and an airline mileage program. For the past 2 years, minibuses have run between downtown and nearby residential areas. The limited number of residential units in the downtown area consists of apartment buildings, many of which are owned and operated by the U.S. Department of Housing and Urban Development.

Because of Silver City's proximity to several national parks, tourism is a seasonal source of business. To encourage visitors, Silver City sponsors a yearly rodeo, the Tri-County Fair, a summer stock show, and a motorcycle rally, all of which attract up to 500,000 people. Dingbat Brewing Company cosponsors these events, displaying event banners sporting the company logo and setting up beer tents separated from the family event area by portable fencing and controlled access.

One large mall, accessible by car, has seventy stores, including two anchor stores: Sears and J.C. Penney. Part-time, seasonal employment is competitive among adults and young people alike. Silver City is large enough to support an airport, a bus depot, and a train station, all of which employ community residents and sponsor community events.

There are two community colleges and one university, Mid-Western Technical University. Faculty and students participate in mentoring programs within Silver City's public-school system. Silver City Memorial Hospital serves the western half of the state and operates a major trauma center.

Based on a recent student survey, the Silver City public school system is reporting a small increase in drug use in grades six and eight. The survey also showed that students in grades eight, 10, and 12 had decreased perceptions of the harm of alcohol, tobacco, and marijuana use. It also revealed an increase in student truancy rates. In response, a small group of concerned parents is meeting to address these issues. The schools have an active program in which individual classes "adopt" a local business for one academic year.

Most community members are Caucasians whose families have lived in the area for generations. The small Native American population remains isolated from community resources, maintaining links to its heritage by returning to the reservations at various times throughout the year. Most of the small number of African Americans live at the nearby Air Force base. The Jewish

community sponsors a homeless shelter, three soup kitchens, and a safe house for women and children who are victims of domestic violence. A second safe house recently opened and operates at capacity.

In a recent radio interview, the director of Silver City's Head Start program described the local gang population as "wannabes." She remarked that gang members primarily walk around the downtown area in groups. Local police are concerned about increasing petty crime and drug arrests, and local businesses have reported a decrease in business over the last 2 years.

Silver City's substance abuse problems have been related primarily to marijuana, alcohol, and speed. Crack cocaine and other substances found in large urban areas have not become common in Silver City.

Competency 9

Evaluate Practice With Individuals, Families, Groups, Organizations, and Communities

COMPETENCY DESCRIPTION

Social workers working with substance use employ evidence-based practices with individuals, families, groups, organizations, and communities to support people affected by unhealthy substance use and associated risk behaviors. Evaluation of practice is ethical, collaborative, interdisciplinary, and strengths-based. It involves and empowers all clients and constituents as contributors to the evaluation process. Barriers to treatment often overwhelm individuals, agencies, and communities who need substance use services. Social workers adapt evaluation research designs and measurement tools to include client systems across many practice settings. They advocate for and encourage the effective implementation and funding of best practices, rigorous evaluation processes, and affirming policies. Quantitative and qualitative methods are culturally and developmentally responsive and targeted to individuals, families, groups, organizations, and communities. Validated measures are used to gather data, evaluate processes and outcomes, and increase the efficacy, effectiveness, and fidelity of practice at all levels. Social workers communicate and disseminate evaluation findings across micro, mezzo, and macro levels of practice to improve value and quality of services.

PRACTICE COMPETENCY BEHAVIORS

- Identify and use appropriate evaluation methods to measure practice processes and outcomes with individuals, families, groups, organizations, and communities and advocate to discontinue ineffective practices, programs, and policies.

- Plan, conduct, and participate in research and evaluation to continuously improve practices, programs, and policies affecting unhealthy substance use and associated risk behaviors among clients and constituents.
- Apply evaluation processes and outcomes to inform measurement-based care, continuous quality improvement, fidelity monitoring, supervision, and innovation to support those challenged by unhealthy substance use and associated risk behaviors across practice settings.
- Translate and disseminate research and evaluation outcomes to increase efficacy, monitor effectiveness, confirm fidelity, and promote sustainability of evidence-based substance use practices, programs, and policies.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Butler, S., Wardamasky, S., & Brennan-Ing, M. (2012). Older women caring for older women: The rewards and challenges of the home care aide job. *Journal of Women & Aging, 24*(3), 194–215.	Knowledge Values Cognitive and Affective Processes
Hamilton, J. D., & Bickman, L. (2008). A measurement feedback system (MFS) is necessary to improve mental health outcomes. *Journal of the American Academy of Child & Adolescent Psychiatry,* 47, 1114–1119.	Knowledge Values
Miller, S. D., Hubble, M. A., Chow, D., & Seidel, J. (2015). Beyond measures and monitoring: Realizing the potential of feedback-informed treatment. *Psychotherapy, 52,* 449–457.	Knowledge Values
Trauer, T., Gill, L., Pedwell, G., & Slattery, P. (2006). Routine outcome measurement in public mental health: What do clinicians think? *Australian Health Review, 30*(2), 144–147.	Knowledge
United Nations Office for Drugs and Crimes. (2015). *Evaluation of substance use treatment programmes*. https://www.unodc.org/documents/islamicrepublicofiran/publications/1jan2015/Evaluation_of_Substance_Use_Treatment_Programmes-EN.pdf	Knowledge Skills

(continued)

Readings *(continued)*

Resource	Competency Dimension
Web Resource Rural Prevention and Treatment of Substance Use Disorders Toolkit https://www.ruralhealthinfo.org/toolkits/substance-abuse/5/evaluation-measures	Knowledge Skills

Learning Activities

Resource	Competency Dimension
Lesbian, Gay, Bisexual, or Transgender (LGBT) Older Adults Teaching Module https://cswe.org/getattachment/Centers-Initiatives/Centers/Gero-Ed-Center/SocialWorkPracticeandCompetencywithLGBTOlderAdults_2015_TeachingModule.docx.aspxh The instructor provides content from this module on the challenges facing older LGBT people and their strengths and resilience in the face of adversity, and it reviews the professional competencies for working with this population. Three cases can be used as class exercises: Case of Ellen, Case of Charles, and Case of Elizabeth. See Appendix 9A.	Knowledge Values Skills
Feedback-informed Treatment: Outcome Rating Scale and Session Rating Scale **Objective:** Practice receiving real-time evaluative feedback as part of your work with a client. To complete this assignment: a. Familiarize yourself with the Feedback Informed Treatment Outcome Rating Scale (ORS) and Session Rating Scale (SRS) forms and the technique for recording the scores on a graph. b. With a colleague, role play as both clinician and client introducing the ORS and SRS. Be sure to approximate the developer's example of introducing the instruments. c. Role play later sessions and use the graph to discuss trends in the ORS and SRS. d. For copies of the ORS and SRS, see https://scott-d-miller-ph-d.myshopify.com/collections/performance-metrics/products/performance-metrics-licenses-for-the-ors-and-srs	Knowledge Values Skills

Media

Resource	Competency Dimension
GenSilent (2010) http://gensilent.com This documentary interviews six older LGBT people about their fears about accessing formal care as a sexual or gender minority. Discussion topics are available on the website.	Knowledge Values Cognitive and Affective Processes
FEEDBACK-INFORMED TREATMENT: VIDEOS	
"Feedback Informed Therapy" (3.08 minutes) https://www.youtube.com/watch?v=hpRWMutOy08	Knowledge
"Feedback Informed Treatment: Social Construction Meets Evidence Based Practice" (3.56 minutes) https://www.youtube.com/watch?v=fYqiLaeMKG4	Knowledge
International Center for Clinical Excellence (ICCE) "Feedback Informed Treatment" (7.14 minutes) https://www.youtube.com/watch?v=coODgxXXrZU	Knowledge

Assignments

Resource	Competency Dimension
Ethnogeriatrics Group Assignment https://cswe.org/CMSPages/GetFile.aspx?guid=5577b98a-f534-46f9-b560-e9ad58bb7693h Students engage in a semester-long assignment focusing on ethnogeriatrics, which is the intersection of ethnicity, aging, and health, and it includes health care for older adults from diverse ethnic populations. Description and instructions can be found by searching for the assignment title at the link provided.	Knowledge Values Skills

APPENDIX 9A: LESBIAN, GAY, BISEXUAL, OR TRANSGENDER (LGBT) OLDER ADULTS TEACHING MODULE

The Case of Ellen

Ellen is a 62-year-old Caucasian woman who is retired and holds an associate's degree in business. In the recent past she served as the primary caregiver for her friend Judy. She uses the term *friend* as she has used it most of her life and explains that "*partner* is more of an eighties and nineties word." Judy suffered from several heart and vascular conditions for which Ellen provided care "on and off for her for 25 years." During that time, Ellen remembers constantly running to the emergency room in the middle of the night while trying to maintain her full-time job. She states, "I had an office job during the day and a nursing job at night"; she did not receive any help from Judy's family and did not feel comfortable talking to co-workers about having a significant other who was ill. In terms of her interactions with medical professionals, Ellen felt that these professionals were always looking around for Judy's "husband, sister, or mother." In attempts to be recognized by the doctors, Ellen would say things like, "I'm her best friend" or "she lives with me." Judy always avoided setting up advance directives, and Ellen claims that she herself has always been far too independent to have joint property or bank accounts.

After one hospital stay, Judy recovered at her daughter's home. It was then decided that Judy needed 24-hour care and that it was best for Judy to remain at her daughter's home. The move was "tough" on Ellen, and she claims that she got through it with the help of her friends (a female couple). Although sexual orientation was an "untouchable" subject in her family, Ellen's sister recognized that she was suffering the loss of her friend of 25 years. After Judy's relocation, it took Ellen a year to get back on her feet and feel comfortable in her home again without Judy's presence. She also got "tired of being a third wheel" in her group of friends and often felt lonely and isolated. She began to see a therapist and describes the therapist as a "strong point" in her transition from the caregiving role. Initially, she admits that she had a lot of "squeamishness" about going to a therapist and thought "there is nothing wrong with my mind." With the encouragement of her therapist, she "got a life" and learned about the gay community. She is now in a relationship with a woman 10 years

her junior, is taking much better care of herself, and is a "much happier person." She visits Judy occasionally, but she often finds it upsetting because "she is just not taking care of herself."

Questions for Discussion

- What are the common issues faced by Ellen and other caregivers?
- What are the special issues faced in caregiving by Ellen and other LGBT caregivers?
- What can social workers and other professionals and organizations do to support LGBT caregivers?

Source: Hash, K. M., & Rogers, A. (2013). Clinical practice with older LGBT clients: Overcoming lifelong stigma through strength and resilience. *Clinical Social Work Journal, 41*(3), 249–257.

The Case of Charles

Charles is a 74-year-old African American transgender person. Charles was born female but identifies as male. He does not refer to himself as a transsexual and is nonoperative, meaning he has not undergone surgery to alter any biological sex characteristics. He reports that from an early age he felt "trapped" in the wrong body and would often sneak into his brother's closet and secretly try on his clothes and underwear. He would also lock the bathroom door and practice urinating while standing up. His parents thought he was just a "tomboy" and thought would start acting more like a girl during his teenage years. They insisted on putting him in dresses, despite his resistance. During puberty Charles became very depressed. The physical changes were a constant reminder of the inconsistency between his developing female body and his male gender identity. He contemplated suicide but could not bring himself to attempt it because of his religious upbringing and beliefs.

After graduating from high school, Charles moved to a larger city to start a new life where he could finally live as a man. He legally changed his name and began to dress as a man full-time. His family knew of these changes but still referred to him by his birth name and biological sex. Even though he has never consistently taken hormones, he says he can "pass" as a man in most situations, is happy, and feels comfortable in his own skin. After being outed

by co-workers in his job at a factory, he found work in gay and lesbian bars and bookstores. Although the wages were low, he felt accepted and at home in these settings and made many long-time friends. He dated several women and "even lived with a few" before meeting his girlfriend of 22 years, Gina. The couple currently lives in a subsidized apartment complex and often has difficulty paying bills.

Charles confesses that his relationship with Gina has always been "fiery" and that their fights become physical at times. Lately their arguments have become more frequent and are escalating in terms of violence on the part of Gina. He has told Gina that it may be better if they lived apart, and he even applied for his own apartment in the same building. Each time he brings this up, she threatens to tell the whole apartment building that he is really a woman. This concerns him, because since they have been together he has had decreasing contact with friends and family. He has heard about a local LGBT organization that specializes in providing services to older members of the community. When Gina leaves to shop for groceries, Charles calls the organization to discuss alternative housing options.

Questions for Discussion

- What are the special issues in aging faced by Charles and other LGBT people?
- In what ways are Charles and other older transgender people at even greater risk for poor treatment by loved ones and professionals?
- If you were the social worker at the LGBT organization, what would you say to Charles when he calls?

Source: Hash, K. M., & Rogers, A. (2013). Clinical practice with older LGBT clients: Overcoming lifelong stigma through strength and resilience. *Clinical Social Work Journal, 41*(3), 249–257.

The Case of Elizabeth

Elizabeth is a 60-year-old African American woman. She is employed as a nurse at a large for-profit nursing home facility in a small community in the southeastern United States. She has been with the organization for almost 10 years and is considered compassionate and reliable by the nursing home staff.

Although she appears to be single, it is rumored among the facility that her "roommate" and she "are queer together."

In the past few months she has called in sick on several occasions and has used the majority of her vacation leave. Lately, she also appears exhausted and stressed on the job. Jane, a social worker in the nursing home, approaches Elizabeth and mentions her concern that she appears very stressed and asks whether there is anything she would like to talk about. Elizabeth reveals that she is dealing with a very difficult personal situation; specifically, her partner of 15 years, Teresa, is experiencing serious health problems. These problems have required that Elizabeth travel with Teresa to several medical appointments and provide hands-on care at home.

Although Teresa's mother and sister have been helping, they are not comfortable with the same-sex relationship, and their interactions are often strained. Elizabeth shares her concern with the social worker that she is the "sole breadwinner" of the household and does not want to risk losing her job by taking so much time off. She is tired of hiding the situation and of "burning up" all her vacation time. She also feels drained from having to "build excuses" for why she must take time off, such as "I have personal business to take care of" or "My best friend is ill and her mother needs someone to help take care of her." She shares with the social worker her inclination to explain her difficult circumstances to her other co-workers and the administration, but she fears that her relationship will not be accepted, and her situation will not be supported.

Questions for Discussion

- What are the distinctive issues faced by Elizabeth and members of this population in society and in the workplace?
- If Elizabeth decides to come out in the workplace, what are some of the attitudes and behaviors that may surface among her co-workers or administrators?
- How can the agency and its staff support Elizabeth and other LGBT employees?

- What can be done at the larger policy levels (state, federal) to support LGBT people in the workplace? What can you do at your own university, field agency, or place of employment?

Source: Hash, K. M. (2006). Building excuses in the workplace. In L. Messigner & D. F. Morrow (Eds.), *Case studies on sexual orientation and gender expression in social work practice* (pp. 95–96). Columbia University Press.