# **Massachusetts General Hospital**

# **Substance Abuse Training Program**

## Group B

2<sup>nd</sup> Thursday of Month 10:00 – 11:30 am

January – July, 2008

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Target Audience: Social work practitioners who classify themselves as having intermediate – advanced knowledge and skills pertaining to the identification, intervention and treatment of substance abuse.

### **BACKGROUND**

In September 2007 the M.G. H. Social Work Advisory Committee launched a survey to measure the interest and needs of social service practitioners in a substance abuse training program. The survey was administered to 94 practitioners and had a response rate of 72% (n = 68). Respondents came from a wide range of Social Service Collaborative Leadership Teams including Primary Care, Women and Children, Medical/Surgical, Psychiatry, Oncology, HAVEN program, Community Care, Emergency, and Specialty programs.

Findings supported the development of a Substance Abuse Training Program and identified specific areas that training curricula should address. In sum, social service practitioners identify a high prevalence of substance abuse in patients. They highlight the need for improved knowledge and skills relative to interventions for substance use disorders. They also highlight the desire to learn more about community-based resources for substance abuse and special population groups.

### **COURSE RATIONALE**

Substance abuse is a pervasive public health problem in the United States. Social workers in hospital programs are often called upon to intervene with substance abusing clients. In order to do so, they require knowledge about the etiology and epidemiology of substance abuse. These same practitioners must be able to screen, assess and intervene on behalf of individuals with substance use disorders. Social workers must also be aware of the treatment resources within the specialty substance abuse system and how to make appropriate referrals to that system. Finally, social workers require skills and knowledge that support individuals in recovery from alcohol and drug use disorders.

#### **COURSE METHODS**

We will utilize a combination of lecture, small group discussion, large group discussion, role play and multi-media presentations in this course.

#### RECOMMENDED RESOURCES

## Texts:

- 1. McNeece, C.A. and DiNitto, D. M., (2005) Chemical dependency a systems approach, Third Edition, Pearson Education Inc: Boston.
- 2. Miller, W.R., Rollnick, S., (2001). Motivational interviewing: how people change, 2<sup>nd</sup> Edition, Guilford Press: New York.

These and additional articles will be available in PDF on Social Services Website:

- 1. Davis, D. and Jansen, G. Making meaning of alcoholics anonymous for social workers, Social Work, 43 (2), 1998.
- 2. Doyle, K., Substance abuse counselors in recovery: implications of the ethical issues of dual relationships. Journal of Counseling and Development, 75, 429 432, 1997.
- 3. Evans, W., Assessment and diagnosis of alcohol use disorders, Journal of Counseling & Development, v76 (3), 1988, p 325 -333.

- 4. NIAAA: Social Work Education for the Prevention and Treatment of Alcohol Use Disorders <a href="http://pubs.niaaa.nih.gov/publications/Social/ContentsList.html">http://pubs.niaaa.nih.gov/publications/Social/ContentsList.html</a>
- 5. Rollnick S., & Miller, W.R. (1995). What is motivational interviewing? Behavioural and Cognitive Psychotherapy, 23, 325-334. (found at http://motivationalinterview.org/clinical/whatismi.html)
- Miller, W. R., Zweben, A., DiClemente, C. C., & Rychtarik, R. G. (1992). Motivational Enhancement Therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism. (found at http://motivationalinterview.org/clinical/principles.html)
- 7. Modesto-Lowe, V., Boornazian, A. (2000). Screening and brief intervention in the management of early problem drinkers' integration into healthcare settings. *Disease Management and Health Outcomes* 8(3), 129–137.
- 8. Shepard DS, Strickler GK, McAuliffe WE, Beaston-Blaakman A, Rahman M, Anderson TE (2005). Unmet Need for Substance Abuse Treatment of Adults in Massachusetts. *Administration and Policy in Mental Health* 32 (4): 403-426.
- 9. Tevyaw, T and Monti, P. Motivational enhancement and other brief interventions for adolescent substance abuse: foundations, applications and evaluations. Addiction, Vol. 99, 63-75, Nov2004

### Websites Used in the Course:

- 1. http://learn.genetics.utah.edu/units/addiction/
- 2. www.alcoholics-anonymous.org/
- 3. www.rational.org/
- 4. www.secularsobriety.org
- 5. <a href="http://www.motivationalinterview.org/">http://www.motivationalinterview.org/</a>
- 6. http://bgas.samhsa.gov/
- 7. <a href="http://ncadi.samhsa.gov/">http://ncadi.samhsa.gov/</a>
- 8. http://www.drugabuse.gov/
- 9. http://www.mass.gov/dph/bsas/bsas.htm

- 10. <a href="http://www.niaaa.nih.gov/">http://www.niaaa.nih.gov/</a>
- 11. <a href="http://www.ncsacw.samhsa.gov/">http://www.ncsacw.samhsa.gov/</a>
- 12. <a href="http://pubs.niaaa.nih.gov/publications/Social/ContentsList.html">http://pubs.niaaa.nih.gov/publications/Social/ContentsList.html</a> (NIAAA Slides)

Week	Objectives	Resources
Week 1/10/08	The practitioner can identify the signs and symptoms of substance abuse (Review).  The practitioner can describe the major categories of legal and illegal drugs including the method of injection, effect(s) and potential consequences of use (Review).  The practitioner can describe contemporary theoretical models that describe the etiology of substance abuse (Review).  The practitioner has developed an appreciation for the prevalence of substance abuse in the United States and the consequences on individual, family and community systems (Review).	Read: Chapter 1 (M & D): Epidemiology of SA  Read: Chapter 2 (M & D): The Etiology of Addiction  Read: Chapter 3 (M & D): The Brain Biology of Addiction  View: NIAAA Slides: Epidemiology of Alcohol Problems in the US  View: NIAAA Slides: Etiology and Natural History of Alcoholism  Visit: http://learn.genetics.utah.edu/units/ad diction/
	family and community systems	
	The practitioner has developed an empathic perspective toward substance abusing individuals and related difficulty in behavior change.	
	The practitioner can understand and articulate how substance abuse is a brain disorder.	

Week	Objectives	Resources
2/14/08	The practitioner has become knowledgeable about the range of screening tools for various population groups.	Read: Chapter 5 (M & D): Screening, Diagnosis & Referral  View: NIAAA Slides: Screening for Alcohol Problems in SW Settings.
	The practitioner has developed the practice skills to administer and interpret multiple screening tools.	

Week	Objectives	Resources
3/13/08	The practitioner has developed the practice skills to conduct a brief	Read: Rollnick S., & Miller, W.R. (1995). What is motivational interviewing? Behavioral and Cognitive Psychotherapy, 23, 325-334.
	intervention with patients who are	http://motivationalinterview.org/clinical/whatismi.html
	abusing substances.	(Rollnick & Miller, What is MI?)
	The practitioner can articulate and apply a stage of change model when working with patients with substance use disorders.	Babor, T.F. & Higgins-Biddle, J.C. Brief intervention. World Health Organization.
	The practitioner can articulate and apply motivational interviewing strategies when working with patients with substance use disorders.	

Week	Objectives	Resources
4/10/08	No Class – Week of NASW- MA Symposium	

Week	Objectives	Resources
5/8/08	The practitioner can articulate the public and private substance abuse treatment	Read: Chapter 6 (M & D): Treatment: The System of Care.
	continuum in Massachusetts.	Read: Davis, D. and Jansen, G. Making meaning of alcoholics anonymous for social workers, Social
	The practitioner can differentiate between community-based resources	Work, 43 (2), 1998.  Galanter, Marc (2006) Spirituality and addiction: A
	for substance abusing patients.	research and clinical perspective. The American Journal on Addictions, 15, 286 – 292.
	The practitioner can make effective referrals to access community-based programs.	Shepard DS, Strickler GK, McAuliffe WE, Beaston-Blaakman A, Rahman M, Anderson TE (2005). Unmet Need for Substance Abuse Treatment of Adults in Massachusetts. <i>Administration and Policy</i>
	The practitioner can articulate the role of community- based support groups for patients in	<i>in Mental Health</i> 32 (4): 403-426.  View:
	recovery from substance abuse.	http://www.mass.gov/dph/bsas/bsas.htm (Home page for the Massachusetts Bureau of Substance Abuse Services)
		http://www.mass.gov/dph/bsas/program_summaries.h tm#prevention (Substance Abuse Program Descriptions)
		http://www.helpline-online.com/ (Massachusetts Substance Abuse and Education Help Line)
		Explore:
		http://db.state.ma.us/dph/bsas/search.asp (Online program directory)
		Visit: www.alcoholics-anonymous.org/
		Visit: www.rational.org/
		Visit: <u>www.secularsobriety.org</u>

Week	Objectives	Resources
6/12/08	The practitioner can appreciate and intervene with the following special population groups: a) individuals with chronic pain disorders; b) the elderly; c) individuals with medical diagnosis (cancer, HIV/AIDS).	Read: Chapter 9 - 15 (M & D) Elderly & SA View: NIAAA Slides: Older Adults and Alcohol Problems

Week	Objectives	Resources
7/10/08	Wrap Up & Loose Ends	Read: Chapter 16 (M & D):
		Current Issues and Future
	Group A will be joining us.	Prospects