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Substance Abuse Education in Master's of Social Work Programs: A Content Analysis

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Substance Abuse Education in Master's of Social Work Programs:
A Content Analysis

Submitted by Alex N. C. Johnson, B.A., L.A.D.C.
May, 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

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Abstract

Prior research suggests that inadequate substance abuse education in social work programs contributes to misdiagnosis, bias, and produces students who are unprepared to work with substance abuse. This study assessed for the presence of substance abuse education in Minnesota MSW programs' core curriculum. Using 19 educational objectives based on Minnesota statute for Alcohol and Drug Counseling licensure, this study sought to determine if current graduates are adequately prepared to work with substance abusing and dependent people and their families. Five of six MSW programs were assessed. This study found that only 4 of 19 objectives were met by all schools, while 7 of 19 objectives did not appear in any of the schools syllabi. The majority of schools do not appear to be teaching assessment, crisis intervention, family systems dynamics, cultural implications, or even a basic overview related to substance abuse. Implications for social work education include mandatory integration of these 5 objectives into MSW programs. These objectives are exclusive to substance abuse practice and are not easily applied without specific education. Teaching these objectives would offer a baseline understanding of the complex nature of substance abuse and benefit all Master's level social workers regardless of specialty.

Dedication

To my siblings: Jordan, Reid, Laura, and Josh. For helping me define dedication, resilience, assertion, and vocation. You construct my understanding of family, and what it means to truly love.

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Introduction

Substance use disorders have been a significant problem in the United States for decades. Substances of abuse include chemicals such as alcohol, marijuana, cocaine, heroin/opiates, methamphetamine, hallucinogens, barbiturates, benzodiazepines, prescription painkillers, synthetics, and even the use of over the counter medications. It is of high importance to have properly trained professionals to treat substance use disorders. Unfortunately, there appears to be a lack of consistent training and educational requirements to help graduate students learn to work with individuals suffering from these disorders.

Substance use disorders currently encompass two categories: substance abuse, and substance dependency. Substance Abuse is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress. To meet diagnostic criteria for substance abuse an individual must meet a minimum of one of the following criteria over the past 12 months: 1) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home; 2) Recurrent substance use in situations in which it is physically hazardous; 3) Recurrent substance-related legal problems; or 4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance. Additionally, the individual must have never met the criteria for Substance Dependence for this class of substance (American Psychiatric Association, DSM-IV-TR, 2000).

Substance Dependence, characterized by a maladaptive pattern of substance use leading to clinically significant impairment or distress, is diagnosed based upon meeting three or more of the following criteria: 1) tolerance, defined by either a need for markedly

increased amounts of the substance to achieve intoxication or desired effect, or markedly diminished affect with continued use of the same amount of the substance; 2) withdrawal, manifested by either the characteristic withdrawal syndrome for the substance, or the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms; 3) the substance is often taken in larger amounts or over a longer period than was intended; 4) there is a persistent desire or unsuccessful efforts to cut down or control substance use; 5) a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain smoking), or recover from its effects; 6) important social, occupational, or recreational activities are given up or reduced because of substance use; 7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (American Psychiatric Association, DSM-IV-TR, 2000).

In 2010, 8.9 percent of the population of the United States aged 12 and over used illicit drugs such as marijuana, cocaine, heroin, hallucinogens, inhalants, and non-medical use of prescription pain relievers, tranquilizers, stimulants, and sedatives (NSDUH, 2011). Fifty-two percent of Americans 12 and older used alcohol, 23% reported binge drinking (5 or more drinks on the same occasion), and 6.7% reported heavy drinking (5 or more drinks on the same occasion, 5 or more times) in the past 30 days (NSDUH, 2011, p. 11).

According to criteria described in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) published by the American Psychiatric Association, “an estimated 22.1 million persons aged 12 or older”, (8.7%) of the population of the United

States, met criteria for a Substance Use Disorder in the past year (NSDUH, 2011, p. 69). This percentage has remained stable since 2002, fluctuating from 21.6 to 22.6 million Americans (NSDUH, 2011, p. 70). College students in the United States continue to have significant problems with inappropriate alcohol use. Surveys suggest, “Among full-time college students in 2010, 63.3 percent were current drinkers, 42.2 percent were binge drinkers, and 15.6 percent were heavy drinkers” (NSDUH, 2011, p. 31).

Complicating things further, research suggests a high correlation between substance use disorders and other mental health conditions. In 2009 SAMHSA results project that, “among the 20.8 million adults with a past year substance use disorder, 42.8 percent (8.9 million adults) had a co-occurring mental illness” (SAMHSA, 2009, p. 35).

In 2010, The U.S. Department of Health estimates that 9.1% of Americans aged 12 and older needed treatment for drugs or alcohol, only 1% received treatment at a specialty facility (SAMHSA, 2011, p. 80). Considering the small amount of the population that does receive treatment for substance use disorders, it is very important for the clinicians to be properly trained and effective.

Substance use impacts the lives of individuals, families, and society. A drug and alcohol abuser can expect to have negative consequences with respect to health, wellbeing, and brain function. Research has found that, “drug dependence and addiction are features of an organic brain disease caused by drugs' cumulative impacts on neurotransmission” (Sherman. 2007, p. 1). The result of altering the structure of the brains neurotransmission yields instability of mood, memory, and the experience of pleasure. In 2006, the Drug Abuse Warning Network (DAWN) reported that of 113 million hospital [Emergency Department (ED)] visits, 1,742,887 (1.5%) were related to

drug misuse or drug abuse (alcohol included in this statistic) (DAWN, 2011, p. 21). It is also estimated that over 200,000 ED visits for suicide attempts involved the use of drugs or alcohol in 2008 (DAWN, 2011, p. 55). The Center for Disease Control found that alcohol was a factor in approximately one-third of the reported suicides, and estimates that “47% of those who died by alcohol and/ or drug overdose were known to have an alcohol or substance abuse problem.” (CDC, 2007, p. 3).

Alcohol and drug use directly impacts families and relationships. Domestic violence has been correlated with the use of alcohol, and also increases the risk of victims turning to use alcohol and drugs as a means to cope (Connecticut Clearinghouse, as cited in NCDIV, retrieved 11.14.2011). A biological family history of drug and alcohol abuse has been shown to increase new generations’ risk to development of substance use problems (UNDCP, 1995, p. 10), and conversely effect childhood attachment. Additional research has found that, “youth who do not feel a strong attachment to their parents are more likely than others to use drugs and become delinquent” (UNDCP, 1995, p. 24).

The occurrence of household alcohol and drug abuse and dependency is prominent in America. Cumulative data from 2002-2007, estimate that 11.9 percent of children live with a parents who abuses or is dependent upon drugs or alcohol each year (NSDUH, 2009, p. 2). These findings seem to suggest that without interruption the addictive cycle will continue cross generationally.

Drug and Alcohol use also significantly impacts society. In 2010, 17 percent of state prisoners and 18 percent of federal prisoners had reportedly committed their most recent offense to acquire money to buy drugs (U.S. Department of Justice 2010, National Drug threat assessment, referenced from BJS, 2004). Additionally it is found that

productivity and the labor force is also impacted, as evidenced by The National Survey on Drug Use and Health's 2010 findings that 1.0 percent of the US population aged 12 and older spent time in specialty treatment for drugs and alcohol (SAHMSA, 2010, p. 77). Statistics reinforce this belief as it is estimated that of the “unemployed adults aged 18 or over, 17.5 percent were current illicit drug users, which was higher than the 8.4 percent of those employed full time and 11.2 percent of those employed part time” (SAMHSA, 2010, p. 2).

Social workers provide a large percentage of addiction services. In 2008, 642,000 social workers held jobs in the United States. Twenty-one percent of those jobs were mental health and substance abuse social workers (Bureau of Labor Statistics, 2009). Social workers can be found in a multitude of different settings, helping people from all walks of life get through difficult times.

Seventy-one percent of active practicing social workers, “indicated taking one or more actions related to substance abuse diagnosis and treatment in the preceding 12 months” (Smith et al., 2006, p. 113), however, “only 3 percent of social workers reported that they work with chemical dependency in their primary place of employment” (Diwan & Hooyman, 2006. p. 9).

The prevalence of mental health and substance use disorders further complicates the problem. Research has found that 42.8 percent of adults with a diagnosable substance use disorder also meet criteria for a co-occurring mental illness (criteria for a DSM-IV-TR mental, behavioral, or emotional disorder) (SAMHSA, 2007, p. 35).

This makes properly assessing and treating people with substance use disorders particularly difficult, confusing mental health social workers that often misdiagnose

alcoholism as depression (Richardson, 2007, p. 169). Additionally, research suggests that many social workers in substance abuse settings feel themselves to be incompetent to deliver services (Hall et al., 2000, p. 153). Many researchers suggest that this stems from the educational content in social work schools. This is evidenced by the extreme lack of substance abuse education offered (Bina et al., 2008, p. 14), student bias against working with substance use (Peyton et al. 1980), low to moderate feelings of preparation (Jayshree et al., 2009, p. 937), and overestimation of attained knowledge (Cleveland & Negrete, 2004, p. 64).

Purpose of Study

Due to the significant percentage of people directly affected by substance use and dependency and the impact of this problem on a multitude of levels, there is an extreme need for social workers to be versed properly on the effects of addictions, and competent in assessing and treating substance use disorders. The purpose of this research study is to assess the substance abuse education and training that Minnesota graduate students are exposed to during their Master's in Social Work programs.

Literature Review

The following literature review will look at evidence based practices of addictions counseling, social work attitudes on working with substance use, the prevalence of addictions training in social work programs, MSW students' feelings on preparation and acquired knowledge to work with substance use, and actual measures of addiction knowledge of both MSW students and currently practicing social workers.

Evidence Based Addiction Interventions

Motivational interviewing. Motivational interviewing was developed as a method to help move individuals with substance use problems into more advanced stages of change. It is defined as, "a collaborative, person-centered form of guiding to elicit and strengthen motivation for change" (motivationalinterviewing.org, 2011).

Multiple research studies have shown that motivational interviewing produces effective changes in substance abusers, including promoting positive growth, and reducing the risk of relapse. In addition to working with substance abusing clients in chemical dependency treatment centers, the methods have also been proven effective in corrections, acute psychiatric hospitals and dual diagnosis facilities.

A 2007 study utilized Group Motivational Interviewing (GMI) in a university based psychiatric hospital and found that of the patients that attended GMI attended a greater number of aftercare sessions (3 month follow up), than those in the control group (Santa Ana & Wulfert, 2007, p. 819). Motivational interviewing was also found to have as "much of an effect on social impact measures (d-.47) as on target symptoms, showing that treatment could have positive consequences on a wide range of important life

problems” (Burke, 2003, p. 37).

At a 3 month follow up, participants who attended Group Motivational Interviewing were found to have a statistically significant reduction in alcohol consumed, and fewer reported binge drinking (Santa Ana & Wulfert, 2007, p. 816). A meta-analysis found that clients who had been exposed to motivational interviewing reduced their SEC (standard ethanol content) units per week for up to a 1-year follow up, which represented a 56 percent decrease in alcohol consumption (Burke, 2003, p. 37). These results are supported by a qualitative study following a college student Jason who, “reported that his drinking experiences had diminished from 10–15 drinks per week to 4–6” (Harris Jr. & Aldea, 2006, p. 619). The use of motivational interviewing resulted in decreased MICO scores, “associated with fewer drinks per week at Week 5 and also with quadratic slope of drinking from baseline through Week 5” (Moyers et al. 2009, p. 1115). Motivational Interviewing has been generally found to be effective in treating substance use. One study did not produce differences in Motivational Interviewing versus the control group in reduction of substance use, increase in attendance, or increased motivation for change. Being unable to find a legitimate reason for the failure of the study, the researchers concluded that replication would be warranted (Miller et al. 2003, p. 760).

Acceptance and commitment therapy. Acceptance and Commitment Therapy is an, “empirically based psychological intervention that uses acceptance and mindfulness strategies, together with commitment and behavior change strategies, to increase psychological flexibility” (Hayes, 2009, Retrieved November 20, 2011). This model utilizes the Relational Frame Theory, and results support this treatment as being effective

for depression, anxiety, stress, substance abuse, and even psychotic symptoms (Hayes, 2009, Retrieved November 20, 2011).

Several studies illustrate the effectiveness of ACT with substance abuse. In 2003, a study utilizing ACT in an inpatient residential treatment with persons with co-morbid depression and substance use disorders found that both ACT and the control study groups showed significant reduction in experiential avoidance versus acceptance; however, only for the ACT group were scores significantly different from pretest to posttest (Petersen, 2003, p. 54). In 2007, a study utilized ACT on adults in a 28 day substance use residential program, and found significant decreases in internalized shame in comparison to the control group, and improvement on internalized stigma (Luoma et al. 2007, p. 159).

These same studies also indicate that ACT strengthens the therapeutic alliance. Louma et al. (2007), found that 72% of ACT participants reported being mostly or very satisfied in their workshop participation; additionally, 71% stated that if they needed additional treatment in the future, they would be willing to utilize the same program (p. 160). Further evidence of the therapeutic alliance comes from Peterson (2003), in which therapeutic alliance was reported to be stronger for participants receiving ACT versus those receiving another treatment (p. 55).

Cognitive behavioral therapy. In addition to MI and ACT, Cognitive Behavioral Therapy (CBT) has been shown in numerous studies to be effective in working with individuals with substance use problems. A comparative study involving adult chemically dependent females found that the treatment group utilizing CBT showed greater

reduction in drug and alcohol use than the control group utilizing Insight Oriented Therapy (McClanahan, 2001, p. 115).

A study utilizing CBT with adolescents in a residential substance use treatment program found that over a 12 month follow-up there was a statistically significant reduction in relapse rates for alcohol at the 6 month interval, marijuana relapse rates were statistically reduced at the 3 and 12 month intervals, and poly-substance users had a statistically significant relapse reduction at the 3 month interval (Hunter, 2003, p. 75). McClanahan's study found that the research participants in the CBT treatment group reported a statistically significant reduction in their alcohol and drug use (2001, p. 101). Additionally, it was found that the alcohol use of participants in the control group (IOP) actually increased (McClanahan, 2001, p. 94). A meta-analysis found that while CBT did not produce statistically significant results in effecting change in other drug users, it was moderately effective in the treatment of marijuana users (Magill, 2007, p. 76). Findings from Magill (2007) and Hunter (2003) support the effectiveness of CBT on marijuana users.

Results for adolescents showed that while CBT produced no statistically significant effect on poly-substance use, nor on alcohol dependent clients' subjective interpretation of coping strategies, marijuana users did report a statistically significant increase in perception of coping strategies (Hunter, 2003, p. 71). McClanahan (2001), believed that the finding that CBT significantly reduced alcohol and drug use “was due to the structure of the CBT therapy being tailored specifically to substance use, helping participants to develop skills necessary for abstinence” (p. 119).

MSW Student and Professional Attitudes on Working with Substance Abuse

The literature suggests social workers have a negative attitude towards working with people with substance use problems. A study by Peyton, Chaddick & Gorsuch (1980), revealed that 34 percent of the graduate social work students had a significant bias against working with alcohol problems and that only 43 percent of the students reported that they were willing to treat alcoholic clients (p. 935). Additional analysis suggests that just over 1/3 of the study population was willing to treat alcoholics. (Peyton et al. 1980, p. 935). More recently, a 2007 NASW survey found that participants were only, “somewhat willing to work with clients with alcohol problems” (Richardson, 2007, p. 171).

Interestingly, statistical samples suggest that MSW students are quite interested in classes focusing on substance use. Rutgers University in New Brunswick, NJ offer’s an Alcohol and Other Drug (AOD) minor within their MSW program. While the nature of the program draws students seeking specialization in substance use, the study showed that of the non-AOD minors, 47.6 percent took an AOD class from the faculty, and 52.3 percent had taken one or more specialized AOD courses at the school (Gassman et al. 2001, p. 140). Strengthening this notion, in an MSW program that offers only one elective course, 85 percent of the students believed that their program should offer more elective courses in substance abuse (Cleveland & Negrete, 2010, p. 52). Moreover, a substantial number of graduates (17.9%) report acquisition of employment or being offered a job practicing alcohol/drug/substance abuse counseling upon their graduation date (SCU/UST, 2011, p. 20). The variance between students’ willingness to work with clients who have alcohol problems and their interest in taking classes focusing on

substance abuse speaks to a lack of substance abuse training at the MSW level. Their relatively high acquisition of jobs in substance abuse post-graduation underscores the importance of closing the gap between students' interest and willingness to work with those who have substance abuse problems.

The Impact of Addiction Studies Content in Social Work Programs

Several research studies have taken into account the lack of substance use education in MSW and BSW programs. Studies have assessed this problem over the past (3 decades) and have found similar results. Einstein and Wolfson (1970), found that, "only 7 percent of the undergraduate social work programs included training in the treatment of alcoholism" (As cited in Hall et al., 2000, p. 142). Sixteen years later Schelsinger and Barg, found that 8% of graduate level social work programs' course content specifically contained substance abuse content, and 45% of this curriculum was elective (As cited in Hall et al., 2000, p. 142).

In more modern research, a 2004 study assessed all 180 MSW accredited programs in the United States and found that only 8 programs (4%) had a concentration in substance use and 44 (24%) offered one or more courses in substance use (Diwan & Hooyman, 2004, p. 7).

The trend continues, as 6 years later a study assessed all 216 accredited and in-candidacy accredited MSW programs in the United States and found that 21.3 percent of schools did not have a substance abuse course offered as an elective of their program, and 98 percent of schools did not have a required class for substance use (Quinn, 2010, p. 9). A 2008 cross sectional study of recent MSW students found that while 46.7 percent of the

students received at least one type of informal training, only 24.9 percent received at least one type of formal training, and 36.0 percent received no training at all (Bina et al., 2008, p. 14). It appears that while time progresses there have been mild improvement in course offerings.

Similar findings can be found outside of the United States. A Canadian study of MSW curricula found that 71.9 percent of social work undergraduate programs offered an elective in addictions while less than 20 percent of MSW programs offered an elective in addictions (Graves, Csiernik, Foy, & Cesar, p. 405). The significant deficiency in the presence of addictions training in MSW programs makes it difficult for social workers to have an effective impact on substance use as a whole.

This is evidenced by several studies that have assessed practicing social workers' impact on substance use. A 2006 representative random sample of 2,000 NASW members projects that within the preceding year, 71 percent of active practicing social workers took diagnostic or treatment actions relating to substance abuse. Only 38 percent of these social workers completed formal coursework in substance abuse treatment during their academic programs, and less than 1 percent held a substance abuse certification (Smith et al., 2006, p. 113). A similarly structured study surveyed 1,067 New York State NASW members and found that while 70.8 percent reported working with clients who have alcohol problems, 53.9 percent of MSW respondents, "reported not having completed any alcohol related courses while working on their MSW degrees" (Richardson, M. 2007, p. 166). This correlates with a study that found that 19 percent of social workers employed within substance abuse treatment agencies felt themselves to be incompetent to deliver substance abuse treatment services (Hall et al., 2000, p. 153).

MSW Students' Feelings of Preparation and Perceived Knowledge

Several studies of MSW students have been conducted to assess students' subjective feelings of preparedness to work with substance use issues, and its relationship to substance abuse training content in their MSW programs. A survey of recent MSW graduates' perceived preparedness and knowledge indicates low to moderate levels of knowledge and feelings of preparedness to work with substance use (Jayshree et al., 2009, p. 392). A similar study surveyed 232 recent MSW graduates and found that their scores reflected perception of very little to moderate knowledge of substance abuse concepts. Additionally, the study found a positive relationship between the extent of formal academic training and students' perceptions of their knowledge and preparedness to work with substance abuse (Bina et al. 2008, p. 14). Perceived knowledge was also found to be significantly associated with perceived preparedness as suggested in Jaysherre et al. (2009).

Recent research has found that, of students in a California MSW program, 11.7 percent believed their knowledge to be poor, 41.7 percent believed it to be fair, 41.7 percent believed it to be good, and 5.0 percent believed their knowledge to be excellent with only 15 percent of students reporting obtaining substance abuse knowledge within their social work classes (Cleveland & Negrete, 2008, p. 52). A study surveying recently graduated MSW students found that two thirds of the students believed that they needed moderate, considerable, or maximal levels of substance abuse expertise at their current job (Bina et al. 2008, p. 14).

MSW Student and Professional Knowledge of Substance Use

Students' perception of their competency surrounding substance abuse content has been shown to be an inaccurate representation of actual knowledge. For example, a study of recent MSW graduates showed that while 83.4 percent of the students rated their opinion of their current level of knowledge as fair, or good, only 31.7 percent answered correctly on substance abuse criteria (Cleveland & Negrete, 2004, p. 64). This coincides with a study of currently practicing social workers in which 33.2 percent were found to have incorrectly misdiagnosed alcoholism as depression (Richardson, 2007, p. 169).

Alternatively, studies show that, "MSW graduates who received more formal substance abuse education and felt more knowledgeable of substance abuse concepts and models perceived themselves to be more prepared to work in the field of substance abuse" (Bina et al. 2008, p. 15). These findings are reinforced by a 2007 NASW study which found that social work students who took a course involving alcohol education not only believed themselves to be significantly more knowledgeable about problems related to alcohol, but also were shown to have a significantly greater diagnostic ability (Richardson, 2007, p. 171).

These studies suggest that exiting MSW students who don't receive formal substance abuse education in their programs may inaccurately perceive themselves to be more competent than they actually are, misjudging their ability to treat and work with substance abusing clients. Alternatively, students who receive substance abuse specific education not only have a more accurate perception of their competency, but also have been shown to have greater diagnostic ability. A presence or lack of substance abuse education in MSW programs is the hinge to competent social work practice with

substance abuse.

Summary of Literature

In summary, multiple studies indicate that an increase in substance abuse training for social workers would enhance the clinical skills needed to meet the complex needs of clients affected by substance abuse and addiction. As noted above, while there are many schools that offer substance abuse education at the BSW level, there is a strong lack of substance abuse content in MSW programs. Research also suggests that many students carry a significant bias against working with persons with problematic alcohol use and are unwilling to treat alcoholic clients. Interestingly, studies also show that MSW students are quite interested in taking classes focusing on substance abuse and feel that their schools should offer more classes in this area. Moreover, students who received more substance abuse education in their programs perceived themselves to be more adequately prepared to work with clients with substance abuse problems.

Given the need for competently trained social work practitioners, the purpose of this research study is to assess the substance abuse education and training that Minnesota graduate students are exposed to during their Master's in Social Work programs. Through use of the educational requirements for addiction counseling licensure, a content analysis can be conducted to assess the exposure of education that correlates with working with clients and their families who are affected by substance abuse and addiction.

Conceptual Framework

The theoretical framework for this research is based upon widely accepted and internationally recognized addiction counseling competencies, training, and requirements for state recognized certifications and licenses. Standards such as The Twelve Core Functions and Global Criteria of the Substance Abuse Counselor, Technical Assistance Publication (TAP) 21; Addiction Counseling Competencies, and the International Certification & Reciprocity Consortium; Global Standards for Addiction Professionals, are nationally utilized as a measure of ensuring proper training and qualifications for clinical practice with persons suffering from substance use disorders.

The International Certification & Reciprocity Consortium (IC&RC) is currently the largest credentialing organization for addiction counseling practice. The IC&RC produces standardized testing to achieve the credential *Alcohol & Drug Counselor (ADC)*, which is the necessary credentialing requirement in Minnesota for practice as a Licensed Alcohol and Drug Counselor (LADC). The ADC credential is based upon both the TAP 21 competencies, and the Twelve Core Functions and Global Criteria of the Substance Abuse Counselor. The ADC domains covered by this credential include clinical evaluation, treatment planning, referral, service coordination, counseling, client, family & community education, documentation, and professional & ethical responsibilities.

The U.S. Department of Health and Human Services published the TAP 21: *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*. The goal of the publication was to create a standardized measure to define professional standards, the scope and practice of the field, competencies, necessary

knowledge, skills, and attitudes which are associated with positive outcomes for the treatment of substance use disorders. The publication aims to “help people learn key elements and adopt new strategies” for addiction counseling (SAMHSA, 2006, p. vii). TAP 21 has been integrated into the IC&RC nationalized examinations. According to the manual it is currently being used in 27 U.S. States, Puerto Rico, and other international applications. TAP 21 is unofficially projected to eventually be used as a nationalized tool and replace the Twelve Core Functions and Global Criteria of the Substance Abuse Counselor.

The primary theoretical tool used in this research is The Twelve Core Functions and Global Criteria of the Substance Abuse Counselor. These functions “were developed by examining the criteria by educators and clinical professionals as to which competencies, tasks, and knowledge a skilled substance abuse counselor should have” (substanceabusecounselorhq.com, retrieved February 18, 2012). These core functions, which include screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, reports and record keeping and consultation with other professionals (Appendix C), are currently the most widely accepted and taught addiction skills and competencies in our nation.

A 2005 report by The Substance Abuse and Mental Health Services Administration identifies 28 states that require education in the 12 core functions of the substance abuse counselor (SAMHSA, 2005). Additional searching finds these requirements in California (CCBADC, 2011, p. 3), Kentucky (KBCADC, 2011, p. 15), and Tennessee certification. They are also mentioned as a practicum requirement in Oklahoma, and are embedded within the requirements of South Carolina (SCAADAC,

2009, p. 7) and Iowa credentialing (IBC, 2010, p. 7), and mentioned as a requirement in Louisiana for certification for an Advanced Alcohol and Drug Counselor (LASACT, 2011, p. 3).

Currently, in the State of Minnesota several requirements are needed for licensure as an Alcohol and Drug Counselor (LADC). Training in the Twelve Core Functions is inclusive in academic course work (see Appendix C for definition). Licensure demands that the applicant has, “(i) received a bachelor's degree from an accredited school or educational program, including 18 semester credits or 270 clock hours of academic course work in accordance with subdivision 5a, paragraph (a) (Appendix A), from an accredited school or educational program and 880 clock hours of supervised alcohol and drug counseling practicum; (ii) completed a written case presentation and satisfactorily passed an oral examination that demonstrates competence in the core functions as determined by the board; or submitted to the board a plan for supervision during the first 2,000 hours of professional practice, or submitted proof of supervised professional practice that is acceptable to the board; and (iii) satisfactorily passed written examinations as determined by the board established by the board; or (2) the applicant must meet the requirements of section 148C.07 (reciprocity).

Methodology

Research Design

The purpose of this research study was to conduct a content analysis that would assess the education and training in substance abuse that Minnesota graduate students are exposed to during their Master's in Social Work programs. As there is currently no outlined academic learning requirements for addiction education in Masters of Social Work programs in Minnesota, this study utilized the minimum academic course work requirements for licensure as an Alcohol and Drug Counselor in state of Minnesota, as outlined in Minnesota Statute 148C.04 Subdivision 5a (Appendix A). Each of the six outlined academic course categories was further broken down into several sub-objectives, which provided for a more focused analysis of Minnesota MSW curricula. The data was also coded to represent educational objectives that were specific to substance abuse, versus counseling practice in general. Asterisked items indicate objectives that are considered specific to substance abuse.

Objectives

Please see Appendix B and D for expanded definitions, and keywords searched.

- 1A) *Overview of Alcohol and Drug Counseling
- 1B) *Theories of Chemical Dependency – (CBT, ACT, MI)
- 1C) *Continuum of Care
- 1D) Process of Change (stages of change)
- 2A) *Pharmacology of Substance Abuse Disorders.

- 2B) *Dynamics of Addiction (family dynamics of substance abuse)
- 3A) *Screening (admission screening)
- 3B) *Intake (program Intake)
- 3C) *Assessment (CD/SA specific DSM-IV-TR Assessment)
- 3D) Treatment Planning (contracting, goal setting).
- 4B) *Crisis Intervention
- 4C) *Orientation (program orientation)
- 4D) *Client Education
- 5A) Case Management (service coordination)
- 5B) Consultation
- 5C) Referral
- 5E) Reporting and Record Keeping
- 5F) Professional and Ethical Responsibilities
- 6A) *Multicultural Aspects of Chemical Dependency

An additional tally was created for the frequency in which substance abuse or chemical dependency was mentioned within syllabus.

The Research Design is based upon the approach utilized in the 2003 study assessing social work health care practice competencies by Volland, Berkman, Phillips, and Stein, also used in Bina et al. 2008: Predictors of perceived preparedness to work in substance abuse. The study cross referenced the academic requirements for Licensure of Alcohol and Drug Counseling (Appendix A) with the course content found within the curricula of Minnesota MSW programs syllabi.

Sample

The research sample included syllabi from the core curricula from five of six currently accredited Master's in Social Work programs in the State of Minnesota by the Counsel on Social Work Education. Syllabi were sought, but unable to be obtained from one of the programs. Syllabi for advanced standing students were not assessed.

Protection of Participants

The only human participants in this study are the individuals contacted requesting electronic syllabi, taken from the CSWE site and program websites.

Data Collection

Data was gathered by two methods.

A) Official online websites from each individual MSW program, as directed through the Counsel on Social Work Educations Directory of Accredited Programs website.

www.cswe.org

B) Request for electronic copies of syllabi, if unavailable in online format. The requests were sent initially to the contact person for the applicable program via the email address indicated on the CSWE Directory of Accredited Programs website.

www.cswe.org. Other representatives of the school were contacted as necessary to obtain needed data. This writer utilized only his St. Thomas email address john7418@stthomas.edu for contact purposes.

Selection Criteria

Each MSW program website was searched for the currently offered classes for the 2011/2012 academic year. A list was compiled of each program, and tables created representing the program curriculum in its entirety. Each course was included only one time once if multiple sections were available.

When the data gathered provided a generic syllabus for the offered course this was chosen first. In the case that a generic syllabus was not available but individual instructors' syllabus was, the researcher utilized random selection to acquire a syllabus; only one was assessed. If no syllabus was offered for a listed course, an email was sent to the contact as described above. When no response was received, requests were sent to other available contacts at the respective program.

Data Analysis

The researcher created a table that tallied the frequency of LADC educational objectives that were met each respective MSW program. The aim was to display through analysis the amounts to which the MSW course content coincide with the educational objectives for addiction studies. The content of each MSW course was searched for components of each academic coursework objective as defined in Appendix B.

Keywords from each academic coursework objective were cross-referenced with each MSW course. As research was analyzed, keywords were adjusted to more closely reflect the appropriate category. Each course received a nominal score of 0 if the academic objective was not present, or 1 if the academic objective was present. The

course achieved a maximum score of 1 for each corresponding academic objective, regardless of potential repetition of multiple keywords relevant to the academic objective.

Each MSW program received its own contingency table for cross tabulation and examination of academic objectives. Nominal levels were calculated in correlation to the frequency of each academic requirement listed. Ratio levels were calculated based upon the percentage of presence of each of the 19 academic objectives needed for completion. e.g. 5/19, etc.

Comparative measures were conducted utilizing the resulting data. Univariate frequency distributions were depicted in a tables and graphs tailored to both the individual programs, and the comparative analysis.

Data Gathering

This researcher was able to attain syllabi from five of six MSW programs in the State of Minnesota. The syllabi were not attained from one school. Due to vast discrepancies found in data analysis between using course syllabi and course descriptions, it was decided to omit one school from the data set.

In general, MSW programs capstone, thesis, and senior research seminar classes did not have syllabi. A required syllabus from one program was not found and thus will not be included in the data analysis. Also, one class from another program was required only for advanced standing students; consequently these courses were not included in this analysis.

In the case that there was more than one track offering per school, the researcher chose the most clinically focused track for utilization in this study. All syllabi were either

found via active website postings, emailed to this researcher directly, or gathered via website search bar. All syllabi gathered via website search bar were dated Fall, 2011 or newer.

During the process of data gathering several changes to keyword inclusion/exclusion were made to better represent the sample (please see Appendix D for detailed changes). In total sixty-nine of seventy required course syllabi were obtained for data analysis from five of six MSW schools in the state. For data analysis purposes, this will be considered a full set of core curriculum.

Results

Results are first presented in Table 1. First, all syllabi were searched for the presence of any substance abuse content. Table 1 shows the number of times that chemical dependency or substance abuse appeared in each school's syllabus. A mention of substance abuse in a course bibliography was not considered inclusive. Courses were searched also for the frequency that this objective was met within a course description or class module. Keywords searched included: substance, abuse, chemical, dependency, addict, addiction, drug, alcohol, and treatment.

Table 1: Substance Abuse Mentioned in Syllabi

Table 1	Sch. A	Sch. B	Sch. C	Sch. D	Sch. E	Total	% of classes
Total classes	15	17	12	12	13	69	
CD/SA mentioned in syllabi	0	4	4	3	1	12	17.39%
CD/SA mentioned in description or class module	0	4	2	2	1	9	13.04%
Required a class on CD/SA	0	0	0	0	0	0	0.00%

One school did not mention substance abuse or chemical dependency in any of its syllabi's lesson plans or required readings, while another mentioned it only once. The maximum frequency this objective was met was four times. While substance abuse was mentioned in 17.39 percent of all class syllabi, it only appeared in course descriptions and/or class modules 13.04 percent of the time. No schools required a class in substance abuse.

Results will be presented next in Table 2. This table shows the total educational objectives that were found in each school and the sample as a whole. The frequency of

objectives taught specific to substance abuse is represented for each school, along with the frequency of non-substance abuse objectives. The last column shows the total of objectives taught specific to substance abuse and non-specific to substance abuse.

Table 2: Specific and Non-Specific Substance Abuse Objectives

Table 2	Sch. A	Sch. B	Sch. C	Sch. D	Sch. E	Totals
Total objectives per program	25	40	25	28	33	151
Total objectives specific to Sub. Abuse	0	5	3	4	1	13
Total objectives non-specific to Sub. Abuse	25	35	22	24	32	138
Total % of objectives specific to Sub. Abuse	0.00%	12.50%	12.00%	14.29%	3.03%	8.61%
Total % of objectives non-specific to Sub. Abuse	100.00%	87.50%	88.00%	85.71%	96.97%	91.39%

Substance abuse specific objectives represented less than 15 percent of each school's total objectives met. One school had only 1 objective specific to substance abuse, and another had zero (School A and E, respectively). Substance abuse specific educational objectives composed only 8.61 percent of the sample.

Next results are presented for all schools in Table 3. This table shows the number of syllabi assessed for each school in which each educational objective was found within the syllabus. It additionally shows the total number of schools that met each objective 1 – 2 times, followed by 3-4 times and 5 or more times respectively. The final columns show the percentage of schools that met the objective a minimum of one time and the frequency in which each syllabus met the educational objective in the sample as a whole, and corresponding representative percentage. Asterisked items indicate an objective that is specific to substance abuse.

Table 3: Frequency of Objectives Within the Syllabi

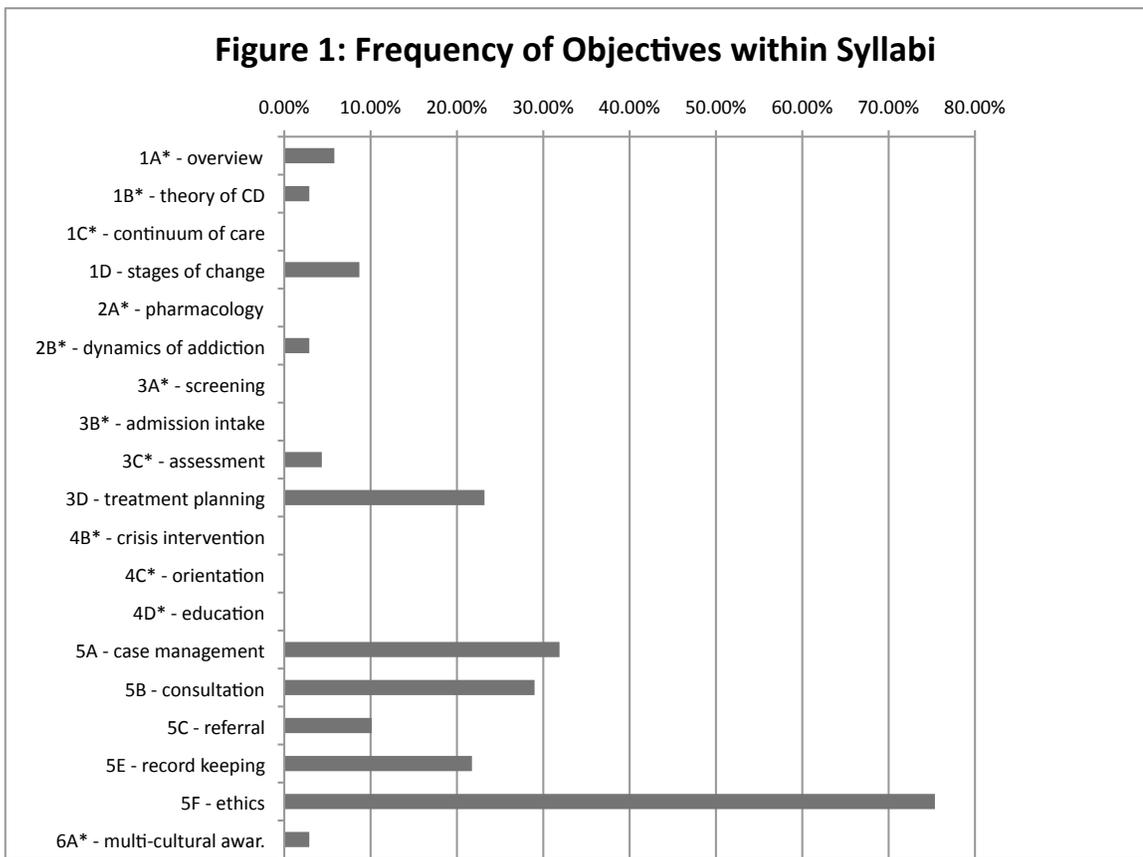
Table 3	Sch. A	Sch. B	Sch. C	Sch. D	Sch. E	# sch. ≥ 1-2x	# sch. ≥ 3-4x	# sch. ≥ 4x	% MSW	Total Freq.	Total
Total classes	15	17	12	12	13					69	
1A* - overview of SA/CD	0	2	0	2	0	2	0	0	40%	4	5.80%
1B* - theory of CD	0	0	1	1	0	2	0	0	40%	2	2.90%
1C* - continuum of care	0	0	0	0	0	0	0	0	0%	0	0.00%
1D - stages of change	0	1	2	1	2	4	0	0	80%	6	8.70%
2A* - pharmacology	0	0	0	0	0	0	0	0	0%	0	0.00%
2B* - dynamics of adict.	0	1	1	0	0	2	0	0	40%	2	2.90%
3A* - admission screening	0	0	0	0	0	0	0	0	0%	0	0.00%
3B* - intake	0	0	0	0	0	0	0	0	0%	0	0.00%
3C* - assessment	0	2	0	0	1	2	0	0	40%	3	4.35%
3D - treatment planning	2	3	4	3	4	5	4	0	100%	16	23.19%
4B* - crisis intervention	0	0	0	0	0	0	0	0	0%	0	0.00%
4C* - orientation	0	0	0	0	0	0	0	0	0%	0	0.00%
4D* - education	0	0	0	0	0	0	0	0	0%	0	0.00%
5A - case management	6	1	5	5	5	5	4	4	100%	22	31.88%
5B - consultation	2	7	4	3	4	5	4	1	100%	20	28.99%
5C - referral	2	2	0	1	2	4	0	0	80%	7	10.14%
5E - record keeping	2	8	0	1	4	4	2	1	80%	15	21.74%
5F - ethics	11	13	7	10	11	5	5	5	100%	52	75.36%
6A* - multi-cultural awar.	0	0	1	1	0	2	0	0	40%	2	2.90%
Total objectives						12	5	4			

Only four of the nineteen educational objectives were found within the syllabi of all MSW programs (see % MSW above): treatment planning, case management, consultation, and ethics. Seven of nineteen objectives were not found within any of the syllabi: continuum of care, pharmacology, admission screening, intake, crisis intervention, orientation, and education. Twelve of nineteen educational objectives were represented in less than 6 percent of the schools syllabi. Three objectives: theories of chemical dependency, dynamics of addiction, and multi-cultural aspects of chemical dependency were each found in less than three percent of the sample.

Only two of five schools (School B and D) included data that resembled teaching a basic overview of substance abuse. Diagnosis of substance use disorders was found in only 40 percent of the schools. No classes included education concerning crisis intervention with persons afflicted by substance use disorders.

The educational objective professional and ethical responsibilities appeared most frequently, representing itself in 75.36 percent of syllabi. The second and third most frequent were case management and consultation, which were found within 31.88 and 28.99 percent of the sample. While twelve of nineteen components were mentioned between 1-2 times, only five were mentioned three or more times.

Figure 1 shows the frequency that educational objectives were met within the syllabi. This graph corresponds with the totals from the last column in table 3.



Discussion

The purpose of this research study was to assess the substance abuse education and training that Minnesota graduate students are exposed to during their Master's in Social Work programs. The study utilized the academic course work requirements for licensure as an Alcohol and Drug Counselor in the state of Minnesota (Minnesota Statute 148C.04 Subdivision 5a) as the template to assess substance use education in Minnesota MSW programs (Appendix A). The six academic course work requirements were broken down into a total of nineteen categories to create a tool for content analysis (Appendix B).

This study found that only four of nineteen educational objectives were found a minimum of one time in all five schools sampled, and seven of nineteen objectives were missing from all schools. While 44.21 percent of possible alcohol and drug counseling educational objectives were met, only 13.04 percent of courses indicated teaching substance abuse content. The educational objectives of substance abuse counseling are made up of both substance abuse specific skills and generalized human service skills.

Twelve of the educational objectives included specified knowledge relating to substance abuse, while the other seven can be applied to the helping professions as a whole. As a result objectives relating generally to the practice of social work, including treatment planning, case management, consultation, record keeping (documentation), and professional ethics/responsibilities represented the majority of the sample as a whole. The remaining substance abuse specific objectives represented only 8.61 percent of the sample as a whole.

This figure is similar to a 1986 study that found that 4.4 percent of MSW

curriculum contained course content specific to substance abuse (Schelsinger & Barg, 1986, as cited in Hall et al., 2000), and also correlates with Einstein and Wolfson's study (1970), which found that "only 7 percent of undergraduate social work programs included training in the treatment of alcoholism" (As cited in Hall et al., 2000, p. 142).

A Canadian based research study assessed 28 MSW schools for Canadian addiction core competencies and found zero courses included an understanding of substance use/abuse/dependency or pharmacology. Fewer than 11 percent of courses included crisis intervention, and 10.71 percent included screening/assessment (Graves et al., 2009, p. 404). This research study found similar results concerning pharmacology of substance use disorders, showing a small increase in an overview of substance abuse (2.65% of courses), but a significant decrease in assessment (1.99% of courses), and crisis intervention (0.00% of courses).

A lack of required education on substance abuse assessment in social work programs poses a considerable problem. Only two of five schools in this study included a course that indicated teaching assessment of substance use disorders. Prior research shows that 71% of social workers have taken actions, "related to substance abuse diagnosis and treatment in the preceding 12 months"; 62 percent of these social workers reported not completing formal coursework in substance abuse treatment in their academic programs (Smith et al., 2006, p. 113). This study suggests that 60% of Minnesota masters level social work students are not receiving formal education on the accurate diagnosis of substance use disorders in their core curriculum. This correlates to a 2004 study of recent MSW graduates, which showed that 68.3 percent of students incorrectly answered a question on substance abuse criteria (Cleveland & Negrete, 2004,

p. 64).

This deficiency appears to coincide with a study, which found that 33.2 percent of currently practicing social workers misdiagnosed alcoholism as depression (Richardson, 2007, p. 169). As 42.8 percent of adults with a diagnosable substance use disorder also meet criteria for a co-occurring mental illness (SAMHSA, 2007, p. 35), the lack of required education on the diagnosis of substance use disorders has a damaging impact on clients served. In my clinical internship I have treated 14 clients in weekly psychotherapy, three whom have met criteria for substance dependency within the past year, and two who struggle with substance abuse. As a student at the Saint Catherine University and University of Saint Thomas Collaborative MSW program, along with many of my cohort, I did not receive any formal training on the diagnosis of substance use disorders. Given results from this study, it appears that my experience would not vary considerably from other MSW students throughout the state.

The literature shows that substance abuse and dependency is prevalent in the United States. Persons with substance abuse/dependency compromise 8.7 percent of the population (NSDUH, 2011, p. 69), and just under half of these have co-occurring mental illness (SAMHSA, 2007, p. 35). Social workers are commonly the frontline to treating individuals struggling with mental health and substance abuse, and frequently deal with substance abuse issues at all systems levels. The finding that only 40 percent of MSW programs in this study taught an overview of chemical dependency suggests that social workers in Minnesota are inadequately armed with even the most basic knowledge regarding substance abuse.

Three of five of the schools surveyed did not teach even one of the evidence

based theories which are considered to be effective in the treatment of individuals with substance use disorders. Additionally, 60 percent of MSW schools did not teach the fundamental principles of how substance abuse affects the dynamics of families and couples within their syllabi. Substance abuse has been correlated directly with domestic violence and impacts childhood development. It has been found that 11.9 percent of children live with a parent who abuses or is dependent upon drugs or alcohol each year (NSDUH, 2009, p. 2). The finding that only 2 MSW schools taught knowledge regarding systems dynamics of addiction is highly concerning.

It is not surprising that the educational objective concerning professional and ethical responsibilities presented itself within many syllabi. Ethics was found in 3 of 4 classes, and composed 34.44 percent of the entire sample, with the most frequently found keyword relating to the NASW code of ethics. However, content which suggested an understanding of the impact of substance abuse on different cultural subgroups was found in only two classes. This is a serious concern, given the *NASW Standards of Social Work Practice with Clients with Substance use Disorders*, which states, “social workers shall seek to understand the history, traditions, expectations, values, and attitudes of diverse groups as they affect the perception of SUDs and treatment planning” (NASW, 2005, p. 5).

Results of the study show a significant lack in substance abuse education in Minnesota MSW programs as a whole. All schools failed to include 7 of 12 objectives that were considered substance abuse specific. The remaining 5 substance specific objectives: overview of alcohol and drug counseling, theories of chemical dependency, substance abuse assessment, dynamics of addiction, and multicultural aspects of chemical

dependency presented themselves in no more than 40 percent of the schools at any given time. This deficiency of education impacts social worker's ability to effectively treat and diagnose people with substance use disorders. Research has shown that MSW students who receive formal coursework on substance abuse perceive themselves to be more knowledgeable and prepared to work with substance abuse (Bina et al., 2008, p. 18), and have a significantly greater diagnostic ability (Richardson, 2007, p. 171).

No schools in this study included a required class in substance abuse. This information is roughly identical to a 2010 study, which found that 98 percent of MSW schools in the United States did not have a required substance abuse class in its core curriculum (Quinn, 2010, p. 9). This lack of substance abuse training contradicts the NASW's own standards for social workers working with substance abuse, which states, "social workers who provide services to clients with SUDs shall demonstrate relevant knowledge, skills, and attitudes for effective practice with clients with SUDs (NASW, 2005, p. 4).

Strengths and Limitations

Strengths

A significant strength of this study is that the researcher has a background in substance abuse education and holds a License for Alcohol and Drug Counseling. As a currently practicing alcohol and drug counselor, he was knowledgeable with techniques and theories that are effective in the treatment of alcohol and drug abuse/dependency and familiar with the educational requirements for alcohol and drug counseling licensure.

A second strength of this study is the extent to which the educational objectives were broken down into relatively precise and descriptive sub-objectives. The definitions

for each objective was taken either from Minnesota Statute, or defined as outlined in TAP-21 addiction core competencies as published by the U.S. Department of Health and Human Services. Keywords were entered into a computer search and checked for spelling accuracy. This increased the likelihood that the researcher would find content relating to the keywords.

As this researcher was able to obtain core syllabi from five of six MSW schools in the state, this research shows a relative representation of the state's MSW content. Additionally, this research paper addresses the issue of social work competency, and reflects the importance of substance abuse practice in the field.

Limitations

This study has several limitations. The researcher developed an instrument specifically for this study. As there was no prior research conducted using the instrument it is hard to determine accuracy and reliability. The researcher searched through all syllabi using keywords associated with the educational objectives, reading additional information to assess for context. Regardless of secondary analysis with newly developed keywords, it is possible that there are additional keywords that were not discovered.

While keywords were precise in nature, it is important to acknowledge that there was a subjective component to conducting research in this manner. While conducting data gathering, the researcher had to use judgment to determine if some of the objectives were met or not met. Due to the fact that there was only one researcher, this increases the likelihood that content was missed or misread.

The researcher has specialized training in addictions counseling. While this is

strength, it is important to note that the prior training may have influenced the subjective nature of the results.

The instrument developed for this research was based upon the practice of alcohol and drug counseling. While there are clear parallels between all counseling practices, there are differences between the practice of social work and the practice of alcohol and drug counseling. This researcher believes the content of this research to be valuable and an appropriate measure of substance abuse education. However, because the instrument was not specifically developed for social work practice with addictions, an argument could be made that the findings are not directly applicable.

The researcher was able to gather syllabi from five of six MSW programs in the State of Minnesota. The syllabi from one college were not acquired. Additionally, one syllabus from school C could not be acquired. It is possible that the findings may have changed slightly if all content was acquired.

Many of the findings correlated with prior research conducted upon either schools in different states, or the nation as a whole. However, because this research only measured MSW programs in the state of Minnesota, it is not a direct reflection of programs outside of the state.

A potential misinterpretation of the data exists regarding the relationship between the study and professional preparation to work with substance abuse. For example, to achieve an LADC (Licensed Alcohol and Drug Counselor) in the State of Minnesota, one must complete 270 clock hours of education on the curricula presented in this research, in addition to 880 hours of internship practiced under a currently licensed LADC.

Because the instrument used searched for occurrences it is hard to determine actual training hours taught in each class. An objective was considered fulfilled if it appeared in a course one time, in some occurrences the objective appeared more than once. An occurrence of an objective within a syllabus is clearly not a reflection of a student achieving satisfactory education with that objective.

In several cases, an objective was met if it was included within a required reading. A content analysis of this type cannot determine if a student actually read the reading, or if it was actually discussed in the class. Additionally, there appeared to be instances in which a required reading was not utilized for clinical practice with substance abuse (i.e. used for a research class, or taught in regards to substance use in the workplace, etc.). The researcher used his best judgment to determine if the keyword reflected obtaining knowledge related to clinical practice.

Syllabi assessed in this study included both professors' individual syllabi and master syllabi. Because all professors teach classes slightly differently there is likely a slight variance in course material.

Implications for Social Work Research

Future research on assessment of substance abuse education in social work programs would be beneficial. As this content analysis included only one researcher, a repeat analysis utilizing the same method would be beneficial to replicate results, and update to the most recent syllabi. At this juncture the inclusion of the missing program for this study would make for a complete data set. As the educational objectives used in this research were specific to Minnesota, research outside of the state would be advised to

either use their own states requirements for substance counseling practice, or use a broader tool such as the TAP 21 competencies.

Due to the limitation that the research tool searched for occurrences versus clock hours of education, this researcher believes that a strong consideration for future research should include quantifying the educational objectives. A quantified analysis of this type would provide a more exact reflection of actual substance abuse education learned in classes, and prevent the possible misinterpretation that an MSW student obtained satisfactory education due to the occurrence of the objective being met once within a syllabus.

An additional consideration would be to utilize the *NASW Standards for Social Work Practice with Clients with Substance Use Disorders* (NASW, 2005). However, this pamphlet does not include recommended clock hours of education, and thus could not be used to quantify educational objectives. While analysis of elective courses in addition to core curriculum may be beneficial, it would not show the baseline of substance abuse education for all MSW students.

Implications for Social Work Education

This research shows a significant lack of substance abuse education in Minnesota based MSW programs. Prior research suggests that inadequate substance abuse education in social work programs causes misdiagnosis, bias, decreases willingness to work with substance abusing clients, and produces students who are unprepared to work with substance abuse. This results in inadequate treatment, and negatively effects the clients served by social workers.

This researcher recommends that Masters of Social work programs integrate substance abuse education in their core curriculum. This integration could be accomplished by two methods. The preferred method would be creating a course specific to substance abuse and including it in the core curriculum. A secondary method would be to integrate the missing educational objectives into already developed courses. If Minnesota MSW programs desired to create a concentration for substance abuse counseling they could utilize this research as a template to modify their program so the educational objectives for Alcohol and Drug Counseling licensure would be met for the state of Minnesota.

Minimally, MSW programs should include required coursework teaching an overview of substance abuse, theories of chemical dependency, dynamics of addiction, assessment of substance use disorders, and multi-cultural aspects of chemical dependency. These vital objectives were found in 40% or less of MSW programs, and composed only 8.6 percent of the sample as a whole. These objectives are exclusive to substance abuse practice and are not easily applied without specific education. Teaching these five objectives would offer a baseline understanding of the complex nature of substance abuse / dependency, and benefit all Master's level social workers regardless of specialty.

CSWE accreditation standard 4.0 requires schools to continually evaluate their own programs to determine the extent to which the CSWE competencies have been met, and where they fall short. The results of this ongoing evaluation are to, "inform and promote change in the explicit and implicit curriculum to enhance attainment of program competencies" (CSWE, Accreditation Standard 4.0. 2008). CSWE accredited programs

are also asked through Educational Policy 2.1.6 to encourage students to, “engage in research-informed practice and practice-informed research” (CSWE, Policy 2.1.6). If correctly utilizing the CSWE Education Policy and Accreditation Standards the schools in this research study should utilize this paper to evaluate and potentially promote change within their own curriculum.

Conclusion

Substance abuse is a considerable problem in the United States. It is estimated that 8.7 percent of the U.S. population meets criteria for a substance use disorder (NSDUH, 2011, p. 69), with 42.8 percent of these people having a co-occurring mental health disorder. Clients with substance use disorders have specific needs and require specialized services. It is necessary for professionals working with clients, and client systems affected by substance abuse to be adequately trained to meet their complex needs.

The purpose of this research study was to assess the substance abuse education and training that Minnesota graduate students are exposed to during their Master’s in Social Work programs. The study utilized the academic course work requirements for licensure as an Alcohol and Drug Counselor in the state of Minnesota (Minnesota Statute 148C.04 Subdivision 5a) as the template to assess the quantity of substance use education in Minnesota MSW programs (Appendix A).

This study found a significant deficiency in substance abuse education within Minnesota MSW programs. Only 21 percent of educational objectives were found within all schools. Seven of nineteen objectives were not found in any of the schools. The results of this study suggest that 60 percent of Minnesota master’s level social work students are

not receiving formal education on the accurate diagnosis of substance use disorders in their core curriculum, which seems to indicate no improvement over the last 7 years. Substance abuse was mentioned at least once in 13.04 percent of syllabi's course description or class modules. One school did not mention substance abuse at all, while another mentioned it only one time.

There are limitations of this study. Because the instrument used searched for occurrences it is hard to determine actual training hours taught in each class. It is advised that someone reading this study take discern that the occurrence of an objective within a syllabus is not a reflection of a student achieving satisfactory education within that objective.

Due to time restrictions this study was only able to secure syllabi from five of six Minnesota MSW programs. Syllabi assessed in this study included both professors individual syllabi and master syllabi. Because all professors teach classes slightly differently there is a likely a slight variance in course material.

Implication for future social work research includes replication, inclusion of all 6 schools, utilizing master syllabi, and quantifying data to determine actual clock hours learned.

This researcher recommends that Masters of Social work programs integrate substance abuse education in their core curriculum. Minimally, MSW programs should include required coursework teaching an overview of substance abuse, theories of chemical dependency, dynamics of addiction, assessment of substance use disorders, and multi-cultural aspects of chemical dependency. These vital objectives were found in 40% or less of MSW programs, and composed only 8.6 percent of the sample as a whole.

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Appendices:

Appendix A

Academic Course Work, Minnesota Statute 148C.04 Subdivision 5a.

- (1) Overview of alcohol and drug counseling focusing on the trans-disciplinary foundations of alcohol and drug counseling and providing an understanding of theories of chemical dependency, the continuum of care, and the process of change;
- (2) Pharmacology of substance abuse disorders and the dynamics of addiction;
- (3) Screening, intake, assessment, and treatment planning;
- (4) Counseling theory and practice, crisis intervention, orientation, and client education;
- (5) Case management, consultation, referral, treatment planning, reporting, record keeping, and professional and ethical responsibilities; and
- (6) Multicultural aspects of chemical dependency to include awareness of learning outcomes described in Minnesota Rules, part 4747.1100, subpart 2, and the ability to know when consultation is needed.

Appendix B

Keywords used to search for content within syllabi.

The inclusion of objectives was subject to relevance/relation to the definition.

Substance Abuse or Chemical Dependency mentioned within syllabus.

Keywords: Substance abuse, alcoholism, alcohol, addiction, chemical dependence/dependency, drug, treatment.

1A) Overview of Alcohol and Drug Counseling

Focusing on trans-disciplinary foundations of alcohol and drug counseling and providing an understanding of theories of chemical dependency (148C.04 Subdivision 5a.1).

Keywords: Trans-disciplinary, foundation, overview (If in context to substance abuse or chemical dependency).

1B) Theories of chemical dependency

A variety of models and theories of addiction and other problems related to substance use (TAP 21, 2006, competency 1, pg. 9).

Keywords: Cognitive behavioral theory, motivational interviewing, acceptance and change therapy (If in context to substance abuse or chemical dependency,

if in context to clinical skills/interventions).

1C) Continuum of care

Competency 9: Understand the established diagnostic criteria for substance use disorders, and describe treatment modalities and placement criteria within the continuum of care Continuum of treatment services and activities (TAP 21, 2006, pg 33).

Keywords: Continuum of care (If in context to substance abuse or chemical dependency).

1D) Process of change

Refers to the stages of change model as developed by James Prochaska and Carlo DiClemente.

Keywords: Stages of change, process of change, change therapy.

2A) Pharmacology of substance abuse disorders.

Fundamental concepts of pharmacological properties and effects of all psychoactive substances (TAP 21, 2006, Competency 3, pg. 10).

Keywords: Pharmacology (If in context to substance abuse or chemical dependency).

2B) Dynamics of addiction

Competency 94: Understand the characteristics and dynamics of families, couples, and significant others affected by substance use (TAP 21, pg. 117).

Keywords: Systems theory, dynamics, domestic violence (If in context to substance abuse or chemical dependency).

3A) Screening

The process by which a client is determined appropriate and eligible for admission to a particular program (Minnesota Statute 148C.01 Subdivision 9.1).

Keywords: Screening (If in context to substance abuse or chemical dependency).

3B) Intake

The administrative and initial assessment procedures for admission to a program (Minnesota Statute 148C.01 Subdivision 9.2).

Keywords: Intake, admission (If in context to substance abuse or chemical dependency).

3C) Assessment

Assessing the level of alcohol or other drug use involvement (Minnesota Statute 148C.01 Subdivision 10.5). Measured by either inclusion of drug and alcohol

assessment, or the presence of substance abuse, dependency, or substance use disorder assessment in curriculum.

Keywords: Assessment, diagnosis, psychopathology (If in context to substance abuse or chemical dependency).

3D) Treatment Planning

The process by which the counselor and the client identify and rank problems needing resolution; establish agreed-upon immediate and long-term goals; and decide on a treatment process and the sources to be utilized (Minnesota Statute 148C.01 Subdivision 9.5).

Keywords: Treatment planning, Goals/ goal setting, contracting (must be in context of agreed upon or collaborative process).

4A) Counseling theory and practice

Repeat requirement, will not be included.

4B) Crisis Intervention

Services which respond to an alcohol or other drug user's needs during acute emotional or physical distress (Minnesota Statute 148C.01 Subdivision 9.8).

Keywords: Crisis intervention, suicide assessment, de-escalation (If in context to substance abuse or chemical dependency).

4C) Orientation

Describing to the client the general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a nonresidential program, the hours during which services are available; treatment costs to be borne by the client, if any; and client's rights (Minnesota Statute 148C.01 Subdivision 9.3).

Keywords: Orientation (If in context to substance abuse or chemical dependency).

4D) Client Education

The provision of information to clients who are receiving or seeking counseling concerning alcohol and other drug abuse and the available services and resources (Minnesota Statute 148C.01 Subdivision 9.9).

Keywords: Education (If in context to substance abuse or chemical dependency, in context to providing education to clients and client systems).

5A) Case Management

Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals (Minnesota Statute 148C.01 Subdivision 9.7).

Keywords: Case management, service coordination, service, delivery, system, interdisciplinary, multidisciplinary, disciplinary.

5B) Consultation

Consultation with other professionals regarding client treatment and services" means communicating with other professionals in regard to client treatment and services to assure comprehensive, quality care for the client (Minnesota Statute 148C.01 Subdivision 9.12).

Keywords: Consultation, professionals, working with others, supervision. Also included instances of class consultation.

5C) Referral

Identifying the needs of the client which cannot be met by the counselor or agency and assisting the client to utilize the support systems and available community resources (Minnesota Statute 148C.01 Subdivision 9.10).

Keywords: Referral, finding resources, resources.

5D) Treatment Planning

Repeat requirement, will not be included.

5E) Reporting and Record Keeping

Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries, and other client-related data (Minnesota Statute 148C.01 Subdivision 9.11).

Keywords: Reporting, charting, record keeping, documentation.

5F) Professional and Ethical Responsibilities

Refers to professional conduct in the following areas; Integrity, Relations to clients, Relations to students and interns, Client privacy and confidentiality, Client welfare Competency in practice with ethnic minority, disabled, and identified population group clients, Impaired objectivity or effectiveness, Public statements, Fees and statements, violation of law (Minnesota Rule 4747.1400 rules of professional conduct subdivisions 4-13).

Keywords: Ethics, code of conduct, duty to warn, mandated reporting, mandated reporters, professional conduct, bias, confidentiality, values.

6A) Multicultural Aspects of Chemical Dependency (includes awareness of learning outcomes described in Minnesota Rules, part 4747.1100, subpart 2, and the ability to know when consultation is needed).

Referring to awareness and basic knowledge of the following multi-cultural subgroups; Native American, Asian American, Deaf and hard-of-hearing population, Chicano/Latino, Persons with disabilities, and African Americans. 6 documented hours of continuing education is required in each of these categories within 4 years of initial licensing.

Keywords: Multi-cultural awareness, working with minorities (If in context to substance abuse or chemical dependency).

Appendix C

The 12 Core Functions of the Substance Abuse Counselor.

Minnesota Statute 148C.01 Subdivision 9.

Core functions: "Core functions" means the following services provided in alcohol and drug treatment:

- (1) "Screening" means the process by which a client is determined appropriate and eligible for admission to a particular program.
- (2) "Intake" means the administrative and initial assessment procedures for admission to a program.
- (3) "Orientation" means describing to the client the general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a nonresidential program, the hours during which services are available; treatment costs to be borne by the client, if any; and client's rights.
- (4) "Assessment" means those procedures by which a counselor identifies and evaluates an individual's strengths, weaknesses, problems, and needs to develop a treatment plan or make recommendations for level of care placement.
- (5) "Treatment planning" means the process by which the counselor and the client identify and rank problems needing resolution; establish agreed-upon immediate and long-term goals; and decide on a treatment process and the sources to be utilized.
- (6) "Counseling" means the utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications;

examination of attitudes and feelings; consideration of alternative solutions; and decision making.

(7) "Case management" means activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals.

(8) "Crisis intervention" means those services which respond to an alcohol or other drug user's needs during acute emotional or physical distress.

(9) "Client education" means the provision of information to clients who are receiving or seeking counseling concerning alcohol and other drug abuse and the available services and resources.

(10) "Referral" means identifying the needs of the client which cannot be met by the counselor or agency and assisting the client to utilize the support systems and available community resources.

(11) "Reports and record keeping" means charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries, and other client-related data.

(12) "Consultation with other professionals regarding client treatment and services" means communicating with other professionals in regard to client treatment and services to assure comprehensive, quality care for the client.

Appendix D

Keyword Changes

During the process of data gathering several changes to keyword inclusion/exclusion were made to better represent the sample.

Objective 1A) Overview of alcohol and drug counseling was left unchanged.

Objective 1B) Theories of chemical dependency, refers to cognitive behavioral theory, motivational interviewing and acceptance and change therapy. Course meets requirements only if taught in relation to clinical practice with substance abuse/disordered clients.

Objective 1C) Continuum of care and additional keyword “integrated care” was added.

Objective 1D) Process of change was left unchanged

Objective 2A) Pharmacology of substance abuse disorders was left unchanged.

Objective 2B) Dynamics of addiction, additional keywords “domestic”, “abuse”, and “violence” were also searched for. Objective 3A) Screening was left unchanged. In Objective 3B) Intake, keyword “admission” was added.

Objective 3C) Assessment was left unchanged.

Objective 4A) Counseling theory remained omitted.

Objective 4B) Crisis Intervention was met only if content specifically related to crisis or suicide interventions for the alcohol or drug user, or was taught in conjunction with substance abuse curriculum.

Objective 4C) Orientation was left unchanged

Objective 4D) Client Education was left unchanged.

Objective 5A) Case Management was modified to search for keywords “service”, “service delivery”, “delivery”, “delivery system”, “disciplinary”, “interdisciplinary”, “and “multidisciplinary”.

Objective 5B) Consultation, keywords “professional”, “working with others”, and “supervision” were added. It was decided that in class consultation and supervision discussion would be considered inclusive if it involved clinical consultation.

Objective 5C) Referral was also modified to search for keywords “resources” and “finding resources”. This objective was only met if means of referral or assisting in client to find available resources specified or alluded to recognizing clinical or organizational limitations.

Objective 5D) Treatment Planning remained omitted.

Objective 5E) Reporting and Record Keeping was modified to include keyword “documentation”. Course content found that indicated means and measures of documentation were also included.

Objective 5F) Professional and Ethical Responsibilities was also modified to include keywords “bias”, “confidentiality”, and “values”.

Objective 6A) Multicultural Aspects of Chemical Dependency was modified to search for keyword “disability”. This objective was only met if the content was within context of the impact of substances on the cultural-subgroup.