

Developed February 25, 2013 by Jody Brook, Ph.D., MSW, on behalf of the University of Kansas, School of Social Welfare (KUSSW)

Summary of considerations:

- The competencies for providing substance abuse services have been identified and articulated in the US DHHS SAMHSA and Center for Substance Abuse Treatment (CSAT) publication known as the TAP-21. The TAP-21 provides a detailed list of 123 competencies essential to effective practice. Competencies are expressed through knowledge, skills and attitudes that determine proficiency. The States of Florida, Idaho, Iowa, Illinois, Missouri, Montana, Nebraska, Puerto Rico, Rhode Island, Texas and Virginia have all used this as the model in developing educational and practice standards for multi-disciplinary professionals. We believe this document provides the best objective evidence regarding competency. In September, 2011 the KUSSW created a crosswalk between the competencies and our social work programs-aligning each competency with the corresponding academic course in which the content was delivered. Based on this information, we believe our students are fully prepared to practice in substance abuse treatment settings.
- In addition to SAMHSA and CSAT, the American Society of Addiction Medicine (ASAM), in their most recent policy statement on the disease of addiction wrote, “In most cases of addiction, the integration of psychosocial rehabilitation and ongoing care with evidence-based pharmacological therapy provides the best results”. Further, the ASAM’s definition articulates that resiliency, social support, interpersonal relationships, ability to cope with trauma and stress, spirituality, and co-occurring psychiatric disorders all contribute to the “bio-psycho-social-spiritual manifestation” of addiction. (Full statement available online at <http://www.asam.org/DefinitionofAddiction-LongVersion.html>). This summary of the dimensions of addiction, and appropriate therapeutic responses illustrates the intertwined nature of alcohol and other drug use with psychosocial functioning. The ASAM writes, “Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.” Thus, the treatment of addictions does not “belong” to one profession or another—multiple fields covering all of these manifestations should have complimentary contributing roles in the creation of successful outcomes. I cannot understand why we would purposively limit those available to provide needed psychosocial rehabilitation when we know this rehabilitation is a best practice. A review of the TAP 21 and the SAMHSA National Registry of

Evidence Based Programs and Practices substantiates this observation—Many of the evidence based interventions in substance abuse were generated by persons who are professionals of other fields who then made a contribution to addictions treatment efficacy—some examples are motivational interviewing, strengths based case management, cognitive behavioral therapy, and multidimensional/multi-systemic therapy.

- The USDHHS (through SAMHSA) engaged in research to provide a definition of and guiding principles for recovery from mental health and substance abuse disorders—which they consider to be co-occurring conditions. This research yielded the following 4 dimensions of recovery: health, home, purpose [e.g. employment and daily activities], and community. Further, they state as a guiding principle of recovery that “**Recovery occurs via many pathways:** Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks....” . See <http://blog.samhsa.gov/2011/12/22/samhsa%E2%80%99s-definition-and-guiding-principles-of-recovery-%E2%80%93-answering-the-call-for-feedback/>. I cannot emphasize strongly enough how important I believe multidisciplinary expertise is in serving consumers, advancing treatment, responding to workforce needs, and developing creative solutions to address this multidimensional problem. If we limit practice to one discipline-we limit the resources that can be brought to bear to fully serve this population.
- It is important to also consider that the population of persons who are substance abuse affected includes children and youth in the child welfare system, under or un-employed workers seeking financial assistance, criminal justice involved persons, victims of domestic violence, the aging population, and those with co-occurring medical and behavioral health problems. I do not believe it is in the best interest of the general population to limit the pathways to recovery by tightly defining who can be paid to administer services to them, especially when leading authorities have documented that recovery occurs in multiple ways, at multiple times, and in a non-linear fashion. The limitation of reimbursement for substance abuse services, in my opinion, serves only those who stand to benefit from the restriction.

The TAP-21 document can be accessed at:

http://kap.samhsa.gov/products/manuals/pdfs/tap21_08r.pdf.

The University of Kansas, School of Social Welfare has been actively engaged in research and service related directly related to individual, family, and community substance abuse. An overview of select activities is provided below:

Kansas Family Drug Court Workgroup: (2011-present): Dr. Jody Brook serves as a member of this interagency task force designed to evaluate the implementation and support for Family Drug Courts in Kansas.

Kansas Serves Substance Affected Families (2007-2012): Drs. Jody Brook and Tom McDonald served as key partners for this federally funded initiative in Kansas between the State's DCF, the KU School of Social Welfare, The State's Addiction and Prevention Services, and the regional child welfare service providers. This initiative provided 2 targeted services in the area of substance abuse and child welfare:

- Implementing and evaluating the Strengthening Families Program (SFP) statewide for substance abuse affected families with children in foster care. Rigorously conducted evaluation results showed that SFP participation resulted in an average of 190 *fewer days* in foster care placement for participant children. Statistically significant changes in child, parent, and family functioning were also documented—including reduced substance use by parents. At an average out-of-home care rate of \$86 per child per day in Kansas, *SFP saved approximately \$16,340 per participating child in out-of-home care costs*. From a cost-benefit perspective, every \$1 invested in SFP yielded an average savings of \$9.83. As a result of this implementation, SFP services are now required of child welfare contractors in Kansas.
- Development and maintenance of the Independent Living Website: This website was developed to target older youth in foster care who are transitioning into adulthood. Website content focuses on substance abuse prevention and life skills enhancement. The website contains information, stories and resources targeted for these high risk youth. For more information about the website, visit www.kansasindependence.org

Oklahoma Partnership Initiative (2007-present): Drs. Jody Brook, Tom McDonald, Becci Akin, and Johnny Kim (all KUSSW researchers/faculty members) serve as co-principal investigators for this federally funded initiative in Oklahoma. This partnership is facilitated through the Oklahoma Department of Mental Health and Substance Abuse Services, and comprises research related to 3 interventions:

- Implementation of universal screening in the child welfare service system for parental substance abuse. Through this project, Oklahoma has been able to implement universal screening statewide for substance use disorders, and is 1 of only 2 states nationwide to successfully implement this important practice. Brook and McDonald proposed the use of the screen, assisted with implementation, and are evaluating the impact of the use of the screen on service delivery.
- The use of solution focused brief therapy (an evidence based intervention) for child welfare involved parents in primary substance abuse treatment.
- The Strengthening Families Program is currently being implemented at addictions treatment sites in Oklahoma for child welfare involved families (see above for description).

Evaluation of CASA-Columbia Safe Haven Model (2005-2010): Dr. Jody Brook (as part of national research fellowship award from the Administration for Children and Families) and

Tom McDonald served as evaluators for this 3 site implementation of an early model, therapeutically driven family drug court, developed by the National Center for Addiction and Substance Abuse at Columbia University.

Tulsa County Family Drug Court (2010-present): Dr. Jody Brook currently serves as principal investigator for this SAMHSA funded family drug court effort, which provides streamlined access to treatment and intensive recovery and recovery support oriented services to families with children in foster care in Oklahoma.

Kansas Health in Pregnancy (HIP) Project/Pregnant Women Using Substances (2006-2009): The Kansas HIP project took place in four counties across KS: Ellis, Barton, Douglas, and Sedgwick. HIP provided relationally oriented recovery services (through existing community resources) to women who were struggling with alcohol and other drug abuse while pregnant. The goal of the project was to assist mothers in getting and staying alcohol and other drug free while pregnant. In 2009, HIP services were launched statewide, and are offered through the regionally based child welfare service providers. Dr. Jody Brook served as principal investigator for this project.

Immediate Access (2010-2011): Drs. Jody Brook and Tom McDonald served as evaluators for this OK based initiative, which tracks the referral of substance affected families through the assessment, treatment and child welfare process in Oklahoma County, OK to assess substance abuse treatment and child welfare outcomes.

Kansas City Recovery Oriented Systems of Care (KCROSC; 2010-present): Jody Brook and/or Tom McDonald serve as principal investigators for this project, which is administered through First Call alcohol/drug prevention and recovery agency. The KCROSC project uses an innovative web based system of community care providers to link individuals with recovery services in a timely way, and ensure continuity of care through service systems. The target population of the KCROSC is those in need of substance abuse and mental health treatment who are uninsured and underserved.

Caring for Kids (2010-2012): Jody Brook and Tom McDonald serve as principal investigators for the evaluation of the effectiveness of this psycho-educational program oriented towards children who have a family member struggling with substance abuse. This project is operated through First Call (see above), in the Kansas City metropolitan area.

Kansas City Youth Mercantile Alliance Study (2010-2012): Jody Brook serves as principal investigator for this project being administered through First Call, in the Kansas City metropolitan area. This study is centered on discovery of ways in which community stakeholders can most effectively address youth tobacco prevention.

Clinician Use of Theory and Technique when Working with Women Affected by Alcohol and Other Drug Abuse (2006). Dissertation research conducted by Jody Brook, which examined how substance abuse counselors, child welfare workers, human services supervisors, and recovery support personnel adjust therapeutic approach to become gender centered in counseling substance affected women.

Implementation and Training for Integrated Dual Diagnosis Treatment (IDDT) in Kansas: KUSSW's office of Mental Health and Research Training has been implementing IDDT since 2002. This project brings together mental health and addiction treatment services for those with severe and persistent mental illness as well as substance abuse.

SFP references: Johnson-Motoyama, M., Brook, J., Yan, Y. & McDonald, T. (2013). Cost analysis of the strengthening families program in reducing time to family reunification among substance-affected families. *Children and Youth Services Review*, 35, 244-252.

Brook, J. McDonald, T., Yan, Y. (2012). An analysis of the impact of the Strengthening Families Program on family reunification in child welfare. *Children and Youth Services Review*, 34, 691-695.