Ideas in Action

Addiction Social Work Fellowship Program in Canada

Cody Callon[1], Brianne Reel[1,2], Harvey Bosma[3], Elise Durante[4], Cheyenne Johnson[1], Evan Wood[1,5], Jan Klimas, PhD, MSc[1,6]

Author affiliations/ mailing addresses:

1. British Columbia Centres on Substance Use, 400-1045 Howe St, Vancouver, BC, CANADA, V6Z-2A9
2. School of Public Health and Health Systems, University of Waterloo, 200 University Avenue West, Waterloo, Ontario, CANADA, N2L 3G1
3. School of Social Work, University of British Columbia, 2080 West Mall, Vancouver, BC, CANADA, V6T 1Z2
4. Inner City Youth, Providence Health Care, 1260 Granville St, Vancouver, BC, CANADA, V6Z 1M4
5. Department of Medicine, University of British Columbia, 10th floor-2775 Laurel St, Vancouver, BC, CANADA, V5Z 1M9
6. School of Medicine, University College Dublin, Health Sciences Centre, Dublin 4, Ireland

Submitted By: Cody Callon, BA, MSW
Director, Addiction Social Work Fellowship
British Columbia Centre on Substance Use
608 – 1081 Burrard Street
Vancouver, British Columbia, Canada
V6Z 1Y6
Tel: 604-416-1543
Fax : 604-564-4895
E-mail: ccallon@cfenet.ubc.ca

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Substance use disorders (SUD) disproportionally contribute to the global social and economic cost of disease (Rehm et al., 2009). Lifetime prevalence of SUDs in the Canadian population is estimated to be 21.9% for tobacco use disorder, 18.1% for alcohol use disorder, 6.8% for cannabis use disorder, and 4% for substance use disorder related to other drugs (Pearson, Janz & Ali, 2013). In British Columbia, illicit drug-related deaths have been steadily on the rise, resulting in the Provincial Medical Health Officer in April 2016 declaring a public health emergency in response to increasing overdoses and overdose-related deaths (British Columbia Coroners Service, 2017; BCCDC, 2017). The economic costs of SUDs in Canada are enormous, as they are one of the leading preventable causes of death and disability in the country (Rehm et al., 2006). In spite of this, and similar to the situation in U.S., the treatment of SUDs has been inadequate in large part due to an enduring research-to-practice gap in which competencies for treating and preventing SUDs are often lacking in social work education curricula (CASA, 2000). For example, in 2009 an examination of social work curricula at all 35 accredited schools of Social Work in Canada found that addictions courses were restricted to elective offerings at all schools, and only one third of the courses included the core practice competencies developed by the Canadian Centre on Substance Abuse (Graves, Csiernik, Foy, & Cesar, 2009).

SUDs are now well recognized as bio-psycho-social disorders that affect the person as a whole (McLellan, Lewis, O'Brien, & Kleber, 2000). This perspective has been especially emphasized with the recent influx of opioid use disorders and overdoses. With this insight, there has been a corresponding shift to the creation of inter and multidisciplinary care teams for treating SUDs more holistically. The value of

interdisciplinary care has been similarly demonstrated in the treatment of other illnesses. For instance, a systematic review of collaborative chronic care models found that patients with mental health conditions who had received collaboratively-administered interventions were less depressed, had better physical quality of life and social role function than those who did not (Woltmann ALL AUTHORS ., 2012). Within such interdisciplinary care teams research has shown that social workers play a critical role in addressing the psychosocial needs of patients (Howard, 2016; Miller et al., 2007).

With this new approach to SUD care, social workers increasingly function as addiction specialists with relevant psychosocial knowledge and skills (Linley, Mendoza, & Resko, 2014; Tai & Volkow, 2013). For example, social workers use evidence-based interventions such as motivational interviewing, cognitive behavioural therapy, and family-based approaches (Wells, Kristman-Valente, Peavy, & Jackson, 2013) to support clients and families living with SUDs. Social workers across North America frequently draw upon the transtheoretical model of health behavior change (Prochaska & DiClemente, 1982; Prochaska & DiClemente, & Norcross, 1992; Prochaska & Velicer 1997) to guide their practice with clients who have SUDs. Social workers also often assume the role of case managers within interdisciplinary teams to coordinate client care. Case management for persons with substance use disorders can enhance linkage with ancillary treatment and recovery services, as shown in a recent meta-analysis (Hesse, Vanderplasschen, Rapp, Broekaert, & Fridell, 2007). However, despite the growing need for social workers in these roles, there is a severe lack of comprehensive and integrated training programs for social workers to learn and practice such evidence-based SUD treatment strategies (CASA, 2000).

Increasingly, the benefits of integrated training and practice are shown in the literature. For example, a recent study involving an urban hospital-based population found that participants who received addiction consultation from a multi-disciplinary specialty care team reduced addiction severity for alcohol and drug use and increased the number of days abstinence in the first month after hospital discharge (Wakeman, Metlay, Chang, Herman, & Rigotti, 2017). Interdisciplinary education of health care providers, such as physicians, nurses and social workers, can promote collaboration and improve social accountability surrounding optimal patient-centered care approaches (Fleet et al., 2008). Traditionally, social workers, physicians, and nurses have been trained separately despite working closely together in real-world practice. This disconnect between training and practice may further deepen the division among these disciplines, which can ultimately compromise patient safety, interdisciplinary communication, staff retention and job satisfaction (Dorch, McCarthy, & Denofrio, 2008). While the unique roles and responsibilities of social workers, physicians, and nurses in the healthcare system often require separate training programs, blended interdisciplinary training can play a particularly important role in managing SUDs and related harms, such as mitigating overdose mortality risks in the midst of the current opioid crisis (Gugelmann, Shofer, Meisel, & Perrone, 2013). As an example of this, Brown University implemented an interprofessional education workshop to develop medical, nursing, pharmacy, and social work student opioid use, knowledge, attitudes, and skills. A program evaluation demonstrated that the workshop led to a significant increase in student knowledge and was rated with high levels of student satisfaction (Monteiro et al, 2003). In Canada, the need to address this training gap and improve interdisciplinary collaborative professional

practice is longstanding (Orchard, Curran, & Kabene, 2005), and some educational institutions such as Western University in London, Ontario are developing similar programming to meet this need (http://www.ipe.uwo.ca).

Another important example of a program that has been developed to meet this need is a new interdisciplinary fellowship in addiction for social work, nursing and medicine that has been established in Vancouver, Canada. Founded as the St. Paul's GoldCorp Addiction Medicine Program in 2013, the fellowship has recently expanded to include social work and nursing streams and is now being operated by the British Columbia Centre on Substance Use (https://www.bccsu.ca/addiction-medicine-clinical-research-fellowship-overview/addiction-social-work-fellowship/?doing_wp_cron=1527537240.4258260726928710937500). The program is funded by multiple sources such as the provincial government, local health authorities, nursing and allied health unions, and philanthropic donations. This unique fellowship enrolls nine physicians, four nurses, two social workers, and four positions in research annually. In order to be eligible for the fellowship, social workers must hold a minimum of a Master of Social Work degree and be registered and in good standing with the British Columbia College of Social Work. The Fellowship is completed over six months full-time or one year part-time. Participating Fellows are paid for their time during the fellowship through release time funding to their employer at their current rate of pay.

The participants in this program engage in specialty inpatient and outpatient clinical SUD skills training, in addition to research and leadership skill development. Multidisciplinary fellows learn and teach together in a range of educational activities and settings including journal clubs, didactic lectures, clinic site visits and case study

discussions, and attendance at national and international addiction medicine and harm reduction conferences. As of 2018, social work fellows are required to complete a minimum of one clinical placement in each of the following core practice areas: inpatient care, withdrawal management, outpatient clinics, recovery oriented systems of care, concurrent disorders, specific populations, innovative practice and harm reduction. Over the course of these placements, fellows are evaluated on a range of practice competencies including understanding substance use, assessment, treatment and intervention planning, counseling, referral, service coordination, education, group work, documentation, and inter-professional work.

Initial findings from our first cohort of social workers who completed the fellowship point to a beneficial impact of the interdisciplinary training on their knowledge and skills in addiction social work. For example, one participant stated: 'I learned a lot more clinical skills as well as got a lot more experience working with other professionals;' 'it was nice that I was getting the exposure of the different services.' The value of learning about research and knowledge translation was also identified. One participant described how

> [a] lot of social workers, and even physicians and nurses, are busy practicing away, but don't have experience doing research. So, getting an opportunity to do that and […] to show people that it's not that scary, that it can be stuff that's publishable, too, and then, be helping [to] advance knowledge or more evidence base around moving practice forward in other places as well [is important].

The participants also underlined the overall lack of opportunities for interdisciplinary learning in many health care settings. They believed that this reflected a larger systemic issue related to attitudes in health care that value medical knowledge more than that of other disciplines. Because of this perspective, other important disciplinary approaches to care may be lost. One fellow highlighted that social workers are well positioned to make unique contributions regarding psychosocial care plans for patients 'because [we] have expertise that the doctors don't really have [in this area]'. The lack of learning opportunities for other disciplines is also demonstrated in funding challenges. As one participant stated: 'it would be a push to get funding secured for social work and nursing positions to be included with a full stipend for the fellowship', while scholarships for medicine fellowships are readily available. Finally, the social work fellows emphasized the need to i) expand social worker-specific education in interdisciplinary SUD teaching settings, and to ii) create interdisciplinary fellowships tailored to the professional backgrounds and learning needs of social workers. Such training opportunities present an opportunity to maximize the potential of social workers on interdisciplinary teams to contribute to effective evidence-based SUD treatment.

Thus, while addiction medicine fellowships for physicians continue to be developed and accredited by The Addiction Medicine Foundation across North America (https://www.addictionmedicinefoundation.org/accreditedfellowships), playing an important role in narrowing the gulf between research and practice in SUD care, the reach of these fellowships should be extended even further by training social workers, and other allied health professionals, alongside physicians. Given the immense potential of social workers to help reduce harms and improve the well-being of people living with

SUDs, it is also critical to explore the incorporation of interdisciplinary education during graduate school, as well as the creation of more social work-specific fellowships for advanced training in addiction practice.

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