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The utilization of student research and Gestalt organizational theory in the development of alcoholism and substance abuse curriculum

Goldstein, Mel L., D.S.W.

City University of New York, 1991

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THE UTILIZATION OF STUDENT RESEARCH AND
GESTALT ORGANIZATIONAL THEORY
IN THE DEVELOPMENT OF
ALCOHOLISM AND SUBSTANCE ABUSE CURRICULUM

by

Mel L. Goldstein

A dissertation submitted to the Graduate
Faculty in Social Welfare in
partial fulfilment of the requirements
for the Degree Doctor of Social Welfare
The City University of New York

1991

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This manuscript has been read and accepted for the Graduate Faculty in Social Welfare in satisfaction of the dissertation requirement for the degree of Doctor of Social Welfare.

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Abstract

THE UTILIZATION OF STUDENT RESEARCH AND
GESTALT ORGANIZATIONAL THEORY
IN THE DEVELOPMENT OF
ALCOHOLISM AND SUBSTANCE ABUSE CURRICULUM

by

Mel L. Goldstein

Adviser: Professor Rebecca Donovan

Public concern over the use and abuse of drugs has been critical throughout the 1980's. Regardless of political affiliation and ideology, socioeconomic status and ethnicity, geographical location, gender or other factors most Americans rank "drugs" among the major problems facing the nation.

Given both public and political concern there has been increased awareness as well on the part of the social work profession,

generally, and social work educators, specifically. The problems of alcoholism and substance abuse are so pervasive that as many as 50% of all clients may be affected either directly or indirectly by their consequences. Social work students, therefore, need to be exposed to a curriculum that is rich in methods and materials that focus on practice, policy and research issues in the substance abuse field. Research studies on curriculum development, student attitudes and values and curriculum evaluation are limited in this field. Further, studies on students' own experiences as substance abusers and/or adult children of alcoholics and substance abusers are absent. Despite the need for curriculum development in this field initiatives have been limited.

This dissertation was framed in the context of studying the problem of alcohol and substance abuse curriculum development in a University setting. The author utilized the results of student research as well as Gestalt Organizational Theory in driving a curriculum change. The study includes an analysis of quantitative data related to students' histories and backgrounds as well as their attitudes, values and knowledge of chemical dependency issues. The thesis also includes suggestions and strategies for the development of chemical dependency curricula in other social work educational organizations.

The appendices of the dissertation provide valuable research results, curriculum ideas, course design materials, a number of "tests" and a rich bibliography of chemical dependency specific resources.

FOREWORD

In the Old Testament of the Bible the third section of the book called Ecclesiastes speaks to the importance of the suitable use of time. The often quoted opening of this section:

"To every thing there is a season, and a time for every purpose under the heaven":

Clearly, having finished this dissertation it is time to write some words of gratitude and dedication. And yet, the writing too comes at an important season and time. It is the eve of the Simchat Torah holiday, a joyous and happy conclusion of a festive season celebrating the harvest. This season, however, follows the "Days of Awe" the most

solemn and somber period of the Jewish calendar, with reflections of loss and grief.

And so this frontpiece of my work needs to clearly reflect not only the passage of time in the completion of my work, but the voyage of people who joined and helped me in this enterprise. To each I owe a profound debt of gratitude toward the completion of this work. The responsibility for the quality of the work in the pages that follow is solely mine; the inspiration, support, stimulation and technical know how that was given often and gladly belongs to those I will now single out.

In the spring of 1990 a friend and colleague, Mr. Richard Daly, tragically died the victim of an intoxicated driver. He often offered me support and encouragement in my quest toward the doctorate. Later that same

semester, in a class I took over for Richard a student, Ms. Arlene Miller, was tragically murdered at the hands of a lover with a history of substance abuse. It is my hope that this work in some way contributes to the body of knowledge that will help individuals and families who suffer directly from the effects of chemical dependency. Further it is my wish that educators in the field of social work will come to recognize the importance of alcohol and substance abuse training for their students. This work is dedicated to the memory of Arlene and Richard.

To the Doctoral Faculty of the Hunter College School of Social Work a word of thanks for the dignified way in which you dealt with a "mature" learner. I felt respected and affirmed throughout my journey over the various hurdles and through the gate

posts that are a part of getting the prize.

More specifically to my committee many thanks.

To Professor Rebecca Donovan, the committee chair, your help and patience was always appropriate, timely and intended toward my reaching the goals I set for myself. It was wonderful having someone who understood my "overachieving" nature and was able to help me apply some brakes, at least some of the time.

To Acting Dean Bob Salmon, my gratitude for being a mentor from the moment I thought about applying to the school to this very moment. Over the years our paths have crossed and the encounters have always been helpful to me.

To Professor Mike Smith for your help with the statistical and research parts

of the dissertation, your extending yourself when you did not have to serve will be remembered fondly.

To Acting Dean Frances Brisbane of SUNY Stony Brook's School of Social Welfare a warm thank you. You have been a mentor, a facilitator and a friend throughout my stay on faculty at Stony Brook. I can always count on you when things get a little clouded to help me clear away the fog.

To the faculty, students and staff at the SUNY Stony Brook School of Social Welfare, you provided a living vital learning laboratory for me to do my work in. There are too many to mention singularly, so I will just offer a collective thank you.

Finally, to the two most important people in my life, my wife Gail and my daughter Michele.

Michele who worked on her "computer" while I worked on mine. At the most difficult of times your image and personality bring delight to me.

And finally, To Gail, an editor, friend, catalyst and sweetheart whose very essence makes life a joy for me. No amount of words can express your contribution to this project.

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CHAPTER 1

TUNING IN

Public concern over the use and abuse of illegal drugs has been critical throughout the 1980's. Regardless of political affiliation and ideology, socioeconomic status and ethnicity, geographical location, gender or other factors most Americans rank "drugs" among the major problems facing the nation. During the closing years of the 1980's, furthermore, both politicians and the public at large have been examining American drug policy, pondering its problematic effectiveness, and considering alternatives. New "solutions" have been advocated, ranging from a mandatory death penalty for anyone convicted of selling or trafficking in drugs to broad legalization of all drugs of abuse.

A recent Gallup Report states:

"America does not have a crime problem. America does not have a problem of and low productivity. America does not have a teenage pregnancy problem. America does not have a problem of broken homes and marriages. America has an alcohol and drug problem."

(Gallup Report No. 265, 1987)

The last national election followed a pattern that has been with this nation for the past twenty years regarding alcohol and substance abuse, namely the rhetoric of war. Given this degree of political zeal in the latest extension of the epidemic paradigm, it would be wise to check some of the "talk and noise" against the real data.

Did you know that.....

1. The Federal Administration has nearly doubled its drug-enforcement budget, from \$835 million in 1982 to \$1.5 billion this

year, but has consistently neglected to reduce the demand for drugs. The federal budget for drug treatment in the last year of the Reagan Administration actually declined, from \$200 million to \$126 million. The initial Bush initiative, while offering promises, in all likelihood will only be able to restore close to the \$200 million. (As of this writing internal government sources have been highly critical of the limited initiatives that have come from the new "drug czar" William Bennett.)

(Time, September 15, 1986:60-66)

2. Newer research efforts seem to indicate a leveling off of widespread daily use of marijuana by teenaged high school students. In 1978, according to government surveys, a staggering 10% of all high school

seniors smoked "pot" every day. Today the percentage has dropped by half. This is still too high, but attitudes have changed markedly. Only one quarter of high school seniors reported that marijuana was a dangerous drug in 1978, but now fully 75% do. (Drugs, Society and Behavior, 1988)

3. While both heroin and cocaine use have evened out and perhaps even stabilized from upward trends fifteen years ago (one half million heroin addicts and twenty two million experimenters with cocaine over the past year), the switch to more highly potent chemicals in the form of "crack" and "designer" substances is on the rise. (New York Times, August 15, 1989).

4. Great as all of the above are, the annual death toll from cocaine abuse (563) is

minute as compared with the number of fatalities attributed to alcohol (98,186) and tobacco (300,000). (Drugs, Society and Behavior, 1988).

5. The combined health cost for both drug and alcohol abuse was placed at about \$190 billion in 1985. (Drugs, Society and Behavior, 1988).

Further information that would be even more salient to social work educators, administrators and students follows:

.....Approximately one of three Americans reports that alcohol has been a problem in his/her family; among those 50 and older the rate is one of four; among 18-24 year olds the rate is two out of five. (1982 Gallup Poll)

.....Nearly 50% of all hospital admissions are related to alcohol and other drugs. (American Hospital Association, 1983)

.....The largest study conducted to date in the U.S. on mental health identified alcohol dependence and alcohol abuse as the most common lifetime category of problem.

(National Institute of Mental Health, 1983.)

.....Up to 60% of drownings, 50% of death by falls, and 50% of deaths by adults in fires involved individuals who had been drinking. (From Alcohol in America: The Price We Pay, by R. Fein)

.....The cost to employers due to drug abuse--from lost productivity, absenteeism and higher accident rates--is estimated at about \$33 billion by the government. (National Institute of Drug Abuse, 1989)

.....The sheer volume of narcotics traffic is immense, estimated to be close to \$110 billion a year. (In a study released in 1988 the link was established between drugs and street crime in New York and Washington D.C., i.e. 56% of suspects tested were using drugs at the time of their arrest.) The same study indicated that the burglary rate in Florida was up 30% in 1988, while cocaine arrests were up over 80% from the previous year. (National Institute of Drug Abuse, 1989)

Given both public and political concern, there has been an increased awareness as well on the part of the social work profession, generally, and social work educators, specifically. The problems of alcoholism and substance abuse are so pervasive that as many as 50% of all clients may be affected either directly or indirectly by their consequences.

Social work students, therefore, need to be exposed to a curriculum that is rich in methods and materials that focus on practice, policy and research issues in the substance abuse field. Research studies on curriculum development, student attitudes and values and curriculum evaluation are limited in this field. Further, studies on students' own experiences as substance abusers and/or adult children of alcoholics and substance abusers are absent.

In the Council of Social Work Education's Statistics on Social Work in the United States (1986) by Julia Hidalgo and Elaine Spaulding, only 202 students out of a total of 21,344 nationwide (2.1%) took a concentration in alcoholism and substance abuse. Of 21,913 students who were placed in field agencies,

only 455 (3.3%) were placed in agencies whose primary field of practice was listed as alcohol, drug, or substance abuse specific. In addition, the latest data compiled by the National Clearinghouse for Alcohol Information shows only twelve universities or colleges concentration in alcohol studies. (Corrigan & Anderson, 1985). On the one hand, we have increased awareness of alcoholism and substance abuse on a public and societal level, and on the other with rare departures, the literature indicates little emphasis in curriculum development in social work education. [See Freeman (1985), Kimmel (1981) and King et al. (1979)]

Recently, Katherine Van Wormer, in the Journal of Social Work Education, (1987:47-56) reviewed the sparse literature in the field

and offered a direction:

"The challenge to educators is twofold: to shape a curriculum preparing social workers in recognizing and treating clients who are victims of drug and alcohol abuse; and to prepare students for a rapidly changing job market."

It is within the mandate of this challenge that this dissertation is framed. The implications of both the research this author has done, and the curriculum initiatives that have been developed at SUNY StonyBrook, may pose some interesting and controversial philosophical issues social work educators will need to address over the next decade.

NEED:

Curriculum innovation is often a product that is driven by a process filled with inertia. In the field of alcoholism and

substance abuse current standards nationwide indicate a paucity of curriculum initiatives (Barg & Schlesinger, 1986). Further, where there are existing programs, they have not been studied in a systematic fashion to indicate student attitudes, values and biases and personal experiences with regard to alcohol and substance abuse. In addition to a minimal amount of literature in this area of specialization, there is a parsimony of research findings as well. Ann Hartman (1983) points to the fact that curriculum design in the form of specializations and concentrations are highly focused on micro practice in the fields of health and mental health, with family and children's services leading the overall statistical field (84% of students in these areas).

Steven Aigner (1976), in looking at curriculum policy, suggests a pragmatic approach which pays attention to the value base of the profession as well as the market place of client need.

Other notable educators in the field argue for a flexible approach to curriculum that engages the existential reality of the person in the environmental context. [See Lewis (1971), Hockenstad (1985), and Rothman & Vigalante (1974).]

Gwen Andrew (1976), Nancy Carroll (1975) and Ronald Mancoske, (1987), each offer articles that posit interesting "models" for curriculum design within the parameters of the standard menu of the Council of Social Work Education's guidelines on one hand, and student and faculty need on the other. Each of

these author's takes the basic set of guidelines and fits them into a model of curriculum design consistent with their own "political" position in the university structure. Thus, the higher the author is in rank the more committed he or she is to a stricter interpretation of the council guidelines.

It remains for Robert T. Constable (1978) and Virginia Brooks (1970) to soundly take to task some of the inconsistencies that are a part of the curriculum practices of social work educators.

Constable argues forcefully for a more solid multi-method base to the generalized practice curriculum. "To avoid fragmentation we must first restructure the teaching of practice at the base level to reflect the

multiple interventions on individual, group, organization and community levels that are characteristic of current practice." He seems to feel that we have made strides in that area. On the issue of specializations, he follows with "Specializations, either by method or area, then proceeds from an understanding of the whole: of the problem, the possible responses, and the reciprocal role of understanding necessary to work with personnel who have different functions." His emphasis would be on the team; mine would not deny the need for the team, but would be a bit more focused on the problem. The central issue of alcohol and substance abuse information, skill-building and training needs to have priority over the ways and means by which personnel are

deployed and how they work together.

My view is supported by both the more traditional ecological model in social work theory [Germain & Gitterman, (1980)], and the less commonly cited "gestaltist" approach to individuals and systems. [Perls (1969), Herman & Korenich (1977), Karp (1976), Alveras and Werpman (1980), Nevis (1980) and Merry and Brown (1987).] In this view curriculum is a product of the whole. That is, the complete social problem, substance abuse, in the context of the society's needs, the educator's responsibility and the student's ultimate service provision role.

To put it in another, and perhaps more emphatic way, since more than 50% of the people social workers see in a variety of settings have been directly or indirectly "touched" by substance use and abuse and since

there is a paucity of education in this area the "gestalt" or whole of the curriculum is incomplete. To continue to place such a heavy emphasis on health and mental health in curriculum design to the neglect of alcohol and substance abuse is to not truly deal with the person in the environment formula that is the hallmark of social work's contribution to the social sciences. An incomplete "gestalten" is the basis of a neurosis.

In her article, "Specializations: Current Development and the Myth of Innovation" (1970:22-28), Virginia Brooks points to the evidence:

"That specializations are being disproportionally determined by those with dated views on relevance and suitability issues is amply reflected in the more-of-the-same character of current areas for specialization."

She further states:

"With some notable exceptions among the less frequently chosen specializations, this author agrees that the present level of specialization development clearly does not meet CSWE criteria, nor does it fulfill the intent of the policy statement."

The rhetoric of the council is clearly not being matched by the practice of schools and educators.

In the field of Alcoholism and Substance Abuse more specifically we have:

"Knowledge about chemical dependency is essential and many schools for social work offer courses on the problems of alcoholism and other addictions to BSW and MSW students. Unfortunately, however, most program do not offer or require basic training in the fundamentals of alcohol addiction or drug dependency. Social Workers, accordingly, have been notoriously deficient when it comes to early diagnosis and intervention with alcoholic clients." (Humphreys, 1965:28-29)

A specialization in alcoholism and substance abuse not only meets the guidelines of the Council of Social Work Education Curriculum Policy Statements, but also fills a need in preparing new MSW social workers to serve better a poorly understood and disenfranchised group on a micro level, and would in addition, train future administrators and policy makers about the nuances of chemical dependency field on a macro level. Such a specialization, however, needs to be firmly located within the context of the entire curriculum of a school, as well as being open and flexible in presenting innovations, research findings, policy dilemmas, etc. in its curriculum presentations.

It is within the context of innovation,

utilization of research findings, a mission statement dedicated to empowerment and a Gestalt theory of organizational change that this dissertation project was undertaken.

OBJECTIVES:

1. To inform readers about the limited amount of information and curriculum that is provided to graduate MSW students in the fields of alcoholism and substance abuse.

2. To compile data on the personal histories and status of student social workers with regard to their own and/or their families' alcohol and substance abuse, exploring, A. the relationship between personal/family use and abuse and knowledge, values and attitudes; and B. the practice

implications of personal histories.

3. To utilize this research to design new curriculum initiatives in the SUNY Stony Brook School of Social Welfare's curriculum.

4. To design an action plan, utilizing Gestalt organizational theory and a research strategy of participant observer to make changes in curriculum of the SUNY Stony Brook School of Social Welfare. This will specifically include:

A. The updating and redesign of An Overview of Substance Abuse, the first course in the alcoholism and substance abuse curriculum (taken by second-year students). In redesigning the course, the research findings gathered from a study conducted during the prior academic year were utilized. Further

data were gathered, and evaluated utilizing the "new" curriculum. (Fall, 1989)

B. Inclusion of substance abuse input materials in first year, first semester practice and policy courses [Practice Principles I, and Social Policy.]

C. To design Seminars for Specialization students based on the information that emerged from the research.

D. To involve members of and receive into the school's community advisory group, the faculty and the students who are a part of this initiative.

5. To disseminate to the school, students, the faculty and the field at large the results of this initiative.

II. LITERATURE REVIEW:

There were three major bodies of literature that were reviewed, updated, and re-reviewed for this project. They were; CURRICULUM DESIGN, (both for social work, generally, and for alcoholism and substance abuse, specifically), ALCOHOLISM AND SUBSTANCE ABUSE, (with emphasis on values and attitudes, history of the problem, psychopharmacology, prevention and treatment, and public policy), and ORGANIZATIONAL THEORY AND PRACTICE, (both social work and general organizational theory as well as Gestalt organizational theory and practice). Each of these literatures will be reviewed in this section.

A. CURRICULUM DESIGN:

The major pieces that were reviewed regarding Social Work Curriculum design issues have already been cited in the Needs section of this work. I would add to this area works cited in the limited field of curriculum innovation. Leithwood's article, "Managing the Implementation of Curriculum Innovations" (1981), Berman, P. and McLaughlin, M., "Implementation of Educational Innovation" (1976) and Soine, L., "The Environmental Contaminants Education Project" (1989), were the major sources I could find in this area. Each of the papers looks at curriculum change in the broadest sense, while Soine's dissertation provides a benchmark around both the system I work in and the system I am working on in my dissertation.

(Dr. Soine is a colleague at the SUNY
StonyBrook School of Social Welfare.)

Specifically, Soine, (1989), reviews the
works of Leithwood (1981) and Berman and
McLaughlin (1976) and has
evolved a set of ideas that I would like to
elaborate on and move forward in the form of
curriculum practice principles.

They are:

1. Curriculum innovations are
subject to the inertia of an existing
educational system and therefore
need to be designed not only around the
quality of the product but also around the
strategy by which they will be marketed.

2. Curriculum innovations cannot
necessarily be implemented "according to plan"
but must take into account the culture and

structure of a given organization. To this end research and needs assessments done on a specific organization are essential.

3. Adaptation is a vital aspect of the attempted curriculum change and curriculum designers need to leave room for changes to take place in the implementation of the curriculum design. The flexibility to create within the process is fundamental.

4. The benefits of the curriculum innovation must be clear to the members of the system involved in the change effort. Administrators, teachers and students must clearly see the benefits that will derive from the change.

Each of these principles I believe is consistent with the model of intervention that

is at the theoretical root of my dissertation.

Curriculum issues related to the specific subject area of alcoholism and substance abuse were also cited in the Needs section of this work. A thorough search of the literature with the help of The National Clearinghouse for Alcohol and Drug Information yielded a paucity of information. The most salient pieces were by Barg and Schlesinger (1986), and Lewis (1976). In the first reference, a study was conducted to develop information on the extent to which nurses, psychiatrists, and social workers were prepared in their professional education to identify and treat substance misusers and on the nature of that education. A questionnaire was sent to schools of nursing, psychiatry residency programs and schools of social work. Respondents reported that little of their

didactic curriculum offerings focused on substance misuse. The data suggests that not much time is devoted to substance misuse in the professional preparation of nurses, psychiatrists and social workers.

The second article examines the relation of social work education in Australia to preparation for effective participation in social services directed to prevention and treatment of alcohol abuse. The paucity of literature and curriculum initiatives in the field next to the nature of the problem in society is of course one of the central paradoxes of this opus.

B. ALCOHOLISM AND SUBSTANCE ABUSE:

A good portion of my work during the summer of 1989 focused on searching for and finding materials that could be would utilized

in revitalizing the basic Overview Course that is open to all students at the School of Social Welfare, as well as searching for materials that could be introduced to faculty as sources for both their own information and for their initiatives in the classroom on substance abuse and alcoholism.

(Appendix # 1, " An Annotated Bibliography of Alcohol and Substance Abuse" will give the reader a good beginning review of the literature in this field. The bibliography (has a general section), and is organized around the two major concentrations in the school: direct practice and policy, administration and research. Below you will find a short summary of this listing. It is I believe important to note that the bibliography was developed for faculty as a

part of my initiative to introduce alcohol and substance abuse material into the first year curriculum in the basic practice and policy courses as well as its utility in the revision of the Overview Course.

Two basic text books were reviewed and selected for the Overview course Abadinsky, Drug Abuse, An Introduction, (1989) and Grilly, Drugs and Human Behavior, (1989). Each book emerged from information gathered by this author as a result of the quantitative research that was done. The first volume is a text which is an up-to-date survey of the field including history, basic definitions, psychopharmacology, prevention and treatment and public policy. The second volume, Grilly, (1989) was adopted based heavily on the deficits students

have related to a biological and pharmacological understanding of alcohol and substance abuse. Two primary supplemental books were also placed on the list for both faculty development and the overview course, Bratter and Forrest, (1985) and Brecher and The Editors of Consumer Reports (1972). The first is a collection of chapters done by notable experts in the field that covers the length and breadth of addictionology from basic definitions through clinical interventions with broad stops along the way for policy and practice discussions.

The second volume while it is currently in need of updating is nonetheless a valuable "classic" in the field. Lawson (1989), Brisbane and Wells (1989), Brisbane and Womble, (1985) were included to be

representative of both working with "special populations" in the field of substance abuse as well as for their congruence with the mission of the school. Inciardi (1989) in the American Behavioral Scientist has a collection of articles and debates that were held during the last presidential election around the legalization issue, with a forward by Mayor Smoke of Baltimore and salient arguments by politicians, academics, police officials and drug abuse workers.

Finally, Segal (1986) and Szasz (1985) offer some interesting social and philosophical perspectives on substance abuse.

C. ORGANIZATIONAL THEORY AND PRACTICE:

A wide variety of literature is available on organizations and systems. For the purpose of this dissertation, I have decided to utilize the following

general authors:

1. Gareth Morgan, Images of Organization, (1986) and Creative Organization Theory, A Resourcebook, (1989). (I find the author to be a wonderful contemporary presenter of key organizational theorists over time. He brings keen insight, as well as a sharp analysis into organizational theory.)

2. L. Hirsch, (1987-1988) has put together for the Gestalt Institute of Southern Ohio a source book of materials on Strategic Management of Systems. The articles in this collection include materials on "Organizations as Sociotechnical Systems," "Systems Concepts," "Organizational Theory. An Overview and an Appraisal" (a classic by William G. Scott), and a chapter from the "Social Psychology of Organizations" (another classic by Katz and Kahn).

From the prominent Social Work Literature on organizations, Brager and Holloway (1978), Resnick and Patti (1980), and Weissman (1973) are useful, particularly their models of "changing the system from within." All of these authors offer important instructions, models and caveats about changing service institutions generally, and also are instructive about changes that occur that are driven from "below."

From Weissman (1973):

"Any change in a social agency will involve a certain amount of risk to status, job security, friendships and chances of promotion. Also it is not always clear that the proposed change will result in the promised reward. Something above and beyond logical argument is required." (1973:43)

It was within the context of my position within the scheme of things at StonyBrook, as a non-tenured faculty member that this change initiative was formulated.

Clearly I needed to be aware of the social structure and power alignments that already existed at the school. The second environmental feature about the school relates to its history.

"History is influence. Every agency has a history of ways in which it has evaluated its success and run its programs. Each agency was started by particular people who wanted to achieve specific ends. If these people are still active, they may still have a great deal to say about what goes on in the agency." (Weissman, 1973:31-32)

At StonyBrook the traditions laid down by the founding and early faculty of the school, the majority of whom form the nucleus of the tenured faculty, needed to be taken into account in proposing and implementing the intervention that is in this dissertation. Specifically, each of the Associate Deans, members of powerful committees and the Dean were informed of my

work throughout the process. In addition, this writer needed to take into account that the institution did not hire him as an internal community organizer. Resnick and Patti are particularly instructive on this matter. In Change From Within, (1980), they state:

"A distinctive feature of organizational change is that its practitioners are not usually legitimated by their organizations as change agents--that is their source of legitimation for this activity is derived more from their professional purposes and commitments than from their agency job descriptions, which rarely include this function." (1980:8)

It is within this context of non-legitimation in the formal sense that the change initiative in this dissertation took place. Legitimacy was gained through skill, relationship building, use of coalitions and a Gestalt Organizational strategy.

"As we have suggested, organizational change from below is not an end in itself, but a means to enhancing the effectiveness of human service organizations in their relations with their clients." (Resnick and Patti, 1980:5-6)

Within this framework I wanted to examine how effectively the Alcohol and Substance Abuse Specialization was living up to its mandate to provide students with a well rounded education in the chemical dependency field. In addition, I was interested in looking at how much didactic input was being received by students who did not take the specialization.

Prior to fully reviewing the literature of Gestalt Organizational theory I think it is important to cite the two major pieces and a number of other works that serve as a transitional bridge to my work. [Tabor

and Finnegan (1980) and Brager and Holloway (1978)]

The former work I believe is an extension of the Lewinian Force Field analysis that is central to Changing Human Service Organizations, (Brager and Holloway, (1978). In the book, the force field, with an analysis of "driving" and "restraining" forces, is examined as a method used in the resolution of opposites with the ultimate goal a change in the design of a program. In Tabor and Finnegan sequential stages are enumerated, each is analyzed, and a design of a program is born. The steps in the planning process are:

1. Problem Analysis
2. Goal Setting
3. Target Population Identification
4. Behavioral Objectives
5. Service Plan

I believe that this model is consistent with two of the metaphors found in Morgan's Images of Organization, (1986), the organization as either an organism or as a culture. The works of Morgan, (1986), Lorsch (1977), Goffman (1969) and Janis (1971) provide support for this method of design. (It should be noted here that to my mind curriculum design is an academic form of program design.) Tabor and Finnegan's work can then be seen as a practical application of a "Contingency Theory" of program design. The designer would need to look at a problem from the standpoint of trying to find a fit between the organization, the task and the environment. In the intervention I undertook for this dissertation the model elaborated

above served as a "blueprint" for my work.

The limitations in this approach can be compensated for by utilizing the metaphors of the organization that Morgan (1986) utilizes in his chapters entitled, "Organizations as Psychic Prisons" and "Organizations as Flux and Transformation." In each of these Morgan adds elements that include aspects of my own frame of reference in designing curriculum. The work of Pfeffer and Salancik (1977) which looks at design from a political perspective and Charles Glisson (1981) which examines design as a process are instructive in informing the writer in these adaptations. It is from an extension of these "additions" or transitions from classical linear program design that I added on my own frame of reference.

The model of the world that I used in designing this curriculum initiative contains elements of a more holistic approach to change that I have integrated from Gestalt psychology and Gestalt Organizational theory. The key difference in this approach is its focus on the "process of change." That is "in being in becoming." (Spiegel, 1965; Morgan, 1986).

A review of publications in Gestalt therapy (Kogan and Himmelstein, 1976) registered 39 books, 61 chapters in books, 68 articles in journals and 23 unpublished papers. A survey of these writings and more recent publications reveal that relatively little has been written on the subject of Gestalt therapy and organizational theory. Slightly more has been written on Gestalt therapy and the field of practice,

especially organizational development. Major authors and concepts from their work are cited below:

Fritz Perls:

It is only reasonable that any survey of literature would start with the "parent" of modern Gestalt therapy. Central to Perls' work related to organizations is the concept of the "Contact Boundary;" in other words, the relationship between the intrapersonal and the interpersonal. Perls did some very pioneering work in looking at the tension between the individual and the organization. It is worth noting that following Kurt Lewin, Perls' thinking precedes developments in systems theory which later focused on disturbances in the system/environmental field. The disturbances developing in the field between

the system and its environment became a major issue in organizational research and theory in the late 1960's (Terrenberry, 1968; Emery & Trist, 1965; Lawrence & Lorsch, 1967).

One characteristic of Gestalt theory and therapy that seems to make it appropriate for use with organizations, both functional and dysfunctional, is that it focuses on an immediate operation. A Gestalt approach provides a way to examine the dimensions and qualities of the processes of organizations and to construct both immediate and long-range activities to deal with what is needed. This action is continually subject to modification as conditions change, with an important part of the process devoted to learning how to discriminate and delineate what these changing conditions are, perceiving what is in

contrast to what should be or what would be desirable. Second, because of the emphasis on process, goals are not placed in ordinary perspective. They are important in that they provide direction and help determine the means whereby to achieve them, but they are subsumed under an emphasis on process. As external and internal conditions change, this allows for an easier appropriate modification of goals, as well as a change in the organization itself, and helps maintain an operational, functional focus when working internally on the organization, as well as from the outside.

This central focus on the process of change and maintenance of flexibility in the development of goals is a major practice principal I utilized in my change strategy.

In addition central principles of Gestalt therapy including focusing on the total experience, (the system) and the "here and now" were emphasized. An appreciation of the influence of Eastern philosophy in Gestalt will also be an important factor to be taken account of. (Paradox as inherent in process, as well as the need to slow down to study process). Central to these foci is an understanding of four major Gestalt concepts; Contact, Resistance, Polarities and Figure/Ground.

CONTACT:

The contact cycle is a key concept in Gestalt Psychology. Since many people, because of cultural training, are not particularly aware of internal events, much of the emphasis in Gestalt is on

increasing awareness. Once awareness is achieved, excitement develops; that is, energy emerges within the person. Excitement is followed by action, which produces contact.

CONTACT CYCLE

Awareness...~~Excitement....~~ ~~Action...~~ Contact

For example, as I am talking to the faculty member who is the coordinator of the policy sequence I become aware of the fact that she is attentive to my voice and interested in my project. I am excited by the prospect of moving the intervention forward and my fantasies of a series of meetings with other faculty in the policy sequence, of lessons delivered to students in their classes, and to ultimate completion of this dissertation are activated. I take action in providing the action plan and materials I will

use in the intervention with her. Lastly, I make contact with her in the form of moving forward our relationship in a new collaborative way.

Contact, although frequently a person-to-person phenomena, is not necessarily limited to that dimension. Contact can be made with food, with music, with nature, or with other nonperson things. Personal or environmental contact is revered, desirable, and important. It is the final step in the contact cycle.

However, while contact is seen as being ideal or desirable, too much contact would dull the senses, diminishing awareness, the essential first step in the cycle. To maintain the cycle, each person develops a rhythm of contact and withdrawal. In the

faculty member example, then, I find it enjoyable to make contact with my futuristic fantasies about my intervention and the completion of my dissertation, but there is also an obvious need to withdraw so that I can move forward my action plan in the here and now. As a participant observer in the change process I needed to become aware of a variety of rhythms that existed in myself, in others in the school and in the environment itself.

RESISTANCES:

In addition to a dulled awareness, which is a clear impediment to the contact cycle, resistances--another Gestalt core concept--also prevents contact.

Resistances are phenomena that occur between excitement and action in the contact cycle.

Awareness...~~Excitement~~...~~Action~~...~~Contact~~

Resistance

For example, in the faculty member illustration, I have become aware that as I talk about setting up a meeting of the faculty who teach the policy course that my colleague shows facial and body discomfort with my plan. I encounter resistance that says, "Hey, I like what you want to do but I don't feel comfortable with the implementation plan." What has happened is that the resistance has broken the contact cycle. Awareness and excitement occurred, but resistance stopped the action before contact took place. My internal voice operated to suggest to her the possibility of my meeting individually with each of the faculty in her sequence to

move on the curriculum plan. This alternative, although it involved more time and work on my part, helped to move the project forward toward my ultimate goal; that is to have an intervention take place in all of the basic policy courses. A different contact cycle was completed.

Although it is easy to see resistances as "bad," in fact they can serve a useful function in stopping us from contacting things we do not desire to contact. In my example, possible failure of the intervention.

POLARITIES:

Another major concept in Gestalt psychology is polarity--the idea that there are opposite, counterbalancing poles of action. These opposites also attract each other. The experiential knowledge of each

pole increases the available range of behavior. The aim is to achieve a rhythmic movement from one pole to another as in a pendulum's swing.

For example, people who are very involved in intellectual happenings (head or cognitive understanding), may be equally uninvolved in or unknowledgeable about happenings of their body (emotional understanding). This case of polarity would be between the head (that is, the cognitive) and the physical (that is, the emotional) body. By working on each pole, a person can integrate both.

It was clear to me that one faculty member continued to send out body, language and behavioral signals that indicated that she would be very uncooperative with my

intervention. Since she had little power in the system I decided to let go and invest little to no energy in trying to change the gestalt of our relationship.

In the martial art Aikido, the force of an opponent is turned against him/her. In this instance I let the person know about the intervention, gave her all the materials that I had given her colleagues, invited her to the orientation I held about the program and made myself available to either teach a class to her students or to serve as a resource person to her related to this intervention. While she was the only faculty member who did not assist me in this project the gestalt notion of paradox helped me to use her resistance as a positive force. Her absence became clear to others in the field.

"The relationship of the opposites is that the existence of one necessarily requires the existence of the other....They are dynamically linked....in dialectical thinking in Gestalt Therapy, dualities are not irreconcilable contradictions, but distinctions that will be integrated in the process of gestalt formation and destruction." (Latner, 1986:29)

FIGURE/GROUND:

The concept of figure/ground is also important. When something is figure--that is, clearly and sharply focused for an individual--it is, in Gestalt logic, worthy of being dealt with; it does not need to be justified. Linked with the concept of figure is the idea of ground, or background. Any concept can become figural and then move into the background.

For example, I am sitting at my desk preparing the lesson I will deliver to the practice students in this intervention. As I work on a simulation that deals with the

moral/disease model of substance abuse I become aware of a great deal of tension in my neck and face. In exploring the tension I am aware of the grief I feel for a friend who died as a result of an accident at the hands of an intoxicated driver. In exploring this anger I think of the conference we will be holding on alcohol and substance abuse later in the year. The conference becomes figure, the lesson now becomes ground as I work on a plan to deliver a memorial tribute for my friend. After completing a plan in my mind to introduce the idea of a tribute to our former adjunct faculty colleague, I ground the conference and allow the lesson plan to again become figural.

As the example shows, figures emerge, are dealt with, and then move into the background. They must, however, be dealt

with before they can become ground. This process defines the very existential nature of Gestalt Psychology. To not deal with figural material provides a residue of "unfinished business." The working definition of neurosis in an individual, group or organization is a direct representation of the product of its unattended work. In the next section a transition in the literature from the individual work of Perl's to more organizational and systems analysis will be explicated.

In two articles in The Handbook of Gestalt Therapy, Herman, 1976) and one book (Herman & Korenich, 1977), the authors attempt to develop a "Gestalt orientation to organizations and their development."

Both Herman's articles and the book are

one of the first major attempts to approach organizations and their development through a Gestalt therapy perspective. A major effort, with numerous unpublished but widely circulated papers, has been under way at the Gestalt Institute of Cleveland since it established a postgraduate training program in this area some ten years ago. Unfortunately, no work has been developed on curriculum change, faculty or student input in the direction and change of curriculum or university systems changes.

Karp (1976) deals with a Gestalt approach to collaboration in organizations. He suggests that collaboration will produce the greatest payoff in terms of satisfaction and productivity when the individuals participating in the collaboration effort view

themselves as individuals at all times. This means that the individual maintains good contact not only with others but also with self, and is clear about what he or she wants not only for the organization, but also for himself or herself. Karp suggests that successful collaboration can only be based on recognition of the power that resides in individuals and their right to be themselves.

Alveras and Wepman (1980) compare Gestalt therapy with organizational consulting. They focus mainly on the consulting process itself. As opposed to Nevis (1980) they focus on the similarities in consultation and therapy, while he (Nevis) attempts to tease out some of the differences.

Nevis (1980) stresses the differences between a Gestalt therapy approach and an organizational development approach to organizational consulting. He suggests using an approach to organizational diagnosis, based on Gestalt therapy, to supplement the active, directed, rational and analytic approach used in organizational development. Nevis views the Gestalt therapy approach as placing more weight on the consultant attending to personal sensations, emotions and other awareness. Data are seen as a basis for hypotheses rather than conclusions. Assessment is seen as taking place continuously during the client/consultant relationship, rather than being a one-shot affair at the beginning. The consultant's style is highly involving and oriented to mobilizing the client's energy.

It seemed quite compatible to me to both narrow and broaden the work of Nevis in applying some of his principles to the curriculum change work in this dissertation. I have been in contact with Nevis as well as one of his former associates, Hirsch, to help me clarify what I know in practice and how I would apply knowledge to drive curriculum change practice. In other words, what is the conceptual underpinning of the strategy I utilized to change the curriculum of the SUNY StonyBrook School of Social Welfare, to be more inclusive of materials on alcoholism and substance abuse.

I was quite clear at the outset that the change happening "from below" might meet mixed collegial receptivity, as well as some students' discomfort. From the outset my focus

was to attend to the "blueprint" of my plan, the rational, directive, planning, change process, (Taber and Finnegan, (1980), and Brager and Holloway, (1978); with the Gestalt Organizational Theory I was working with. (Nevis (1987), Merry and Brown (1988). (A merger of opposite poles)

PROGRAM INNOVATION/INTERVENTION:

Two major innovations/interventions lie at the root of this change effort. The first is to employ research in the formulation of curriculum change. The second is to operate Gestalt organizational theory in actualizing the change. The author's initiative is driven at first by quantitative research methodology and then by qualitative methods. Each of these will be further explicated in Chapter 2.

Elaborating on these objectives:

A. Updating and Redesign of Overview Course:

New text books were adopted, a revised reading list was put into place and even new assignments were prepared. The initiative is unique in the fact that this update was driven by the findings of the quantitative research the author conducted in 1988/89. Nowhere in the current literature on social work education was evidence found of curriculum change based on quantitative research design.

Faculties often talk about the utilization of student feedback in the curriculum change process. In this dissertation I believe I will demonstrate one way of "how" it can be done in a systematic way. Further pre-post testing was

employed during the delivery of this course in order to check on the efficacy of the new course design. The research design will be elaborated on in Chapter 4 of this opus, along with an analysis of the data.

B. Inclusion of Substance Abuse Input in First Year, 1st Semester Practice and Policy Courses:

It seems clear that curriculum initiatives are often driven by power considerations and knowledge limitations. People teach what they know! Further, inertia in curriculum is often a result of systemic attention to an organizational power structure rather than being attentive to either students' learning needs or the needs of the ultimate client group

students will serve.

This second initiative was, therefore, aimed at changing the curriculum at large. On a micro level the single course and even the specialization needs to be attentive to changing student and professional needs; while on the macro level, the course and the specialization needs to be located in an organizational context that encourages innovation and change; in Gestalt terminology, at the contact boundary between the individual and his/her environment.

Change in the curriculum at large required a great deal of work on the part of this writer as an "internal change agent". In that context this author functioned as well as a "field researcher". Qualitative analysis of my inputs were recorded in a field journal.

[The methodology that was utilized is amply documented by Babbie (1989), Lofland (1984) and McCall and Simmons, (eds. 1969).] Meetings with our concentration chair people, with the instructors who teach both policy and practice courses and with the Dean were a part of this initiative. In addition, teaching materials were developed, (a small sample will be found in Appendices # 6, 8 and 9), a bibliography was developed (appendix # 1) and a willingness for this author to become a guest teacher were shared with faculty. I believe that the curriculum change enumerated in this intervention was both the most difficult and in some ways the most rewarding part of this project.

C. Specialization Seminar:

Twice during an academic year the specialization hosts a seminar in which a distinguished speaker from the field of substance abuse prevention and treatment delivers a lecture or makes a presentation to our student body. This year both of these programs were driven by my research findings. One presentation was on the biological aspects of addictive disorders; the other was on current and future developments in the field. The planning of these events, the structural supports as well as the problems were a part of my field research.

D. Community Advisory Group:

With a great deal of internal support from the office of the Dean, I have engaged in a community organization effort in

order to make more vital a community advisory group. New members were recruited, liaison relationships with field agencies were deepened and university/field research projects, grants and initiatives were explored. The organization effort was guided by Gestalt organizational theory and was measured throughout by qualitative methodology.

In summary, there are four interventions in this dissertation, employing both quantitative as well as qualitative research methodologies. They are not only additions to curriculum for SUNY Stony Brook's School of Social Welfare, but are designed to be used throughout the field of Social Work Education.

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CHAPTER 2

BEGINNINGS-1

A Theoretical Rationale

....As I sit at the computer in July I am aware of the fact that I have attempted to start the third chapter of this work over and over for the past month. At times, I simply avoid sitting down, at others I start the chapter and cannot "get into it". At first there is an attempt to diagnose the difficulty as my own individual defect, (writer's block), then a need to make it institutional, (the A.B.D. syndrome) related to social science doctoral programs; finally I allow myself to become aware....I am aware of some sense of not being complete in Chapters 1 and 2....I need to go back in order to move ahead....So with an integration of my chair's comments I complete Chapter 1 and now I am ready to move on to this next chapter.....

My focus in this chapter is to amplify and clarify the theoretical rationale behind my work in this dissertation.

In recent years there has been a growing debate in social work research circles on the

efficacy and validity of empirically derived research findings in contrast to those that are more descriptive in nature. The quantitative/qualitative dichotomy has been fought in the halls of academe and in the journals that speak to the profession. Colin Peile (1988) in a seminal article, posits the contradictions in the arguments on both sides and attempts to reach a creative synthesis between what he labels the empirical/normative split. Table # 1 on the next page demonstrates the characteristics of each of the research alternatives. (Peile labels the quantitative alternative, empirical and the qualitative one, normative)

TABLE 1CHARACTERISTICS OF ALTERNATIVES TO EMPIRICISM

<u>Empirical</u>	<u>Normative</u>
Prediction.....	Explanation
Bias Limitation.....	Bias Incorporation
(value Free).....	(Value Laden)
Separation of Knowledge....	Integration of
and Values	Knowledge and
	Values
Observation.....	Understanding
Quantitative.....	Qualitative
Measurement and Testing....	Insight and
	Intuition
Objective.....	Subjective
Detachment.....	Involvement
Absolutism/Certainty.....	Relativism-
	Multiperspective
Focus on Content.....	Focus on Process
Aim for Certainty.....	Reliance on Faith

It is my belief that the controversy between these opposing points of view is counterproductive in doing social work research. Clearly a Gestalt perspective that sees each side as containing elements of the

other is more helpful. Peile argues for what he calls a "Creative Paradigm" as one of three models he states toward solving the problem between the objective and subjective research approaches.

"Creative cosmology suggests that the researcher is not separate from the object of research, but that each is enfolded in the other. This means that the object can be understood not only through the researcher's outward experience of the object but also--at the same time--through the researcher's own internal experience. This process of insight is neither subjective nor objective but is a synthesis which could be described as looking through oneself to the whole." (Peile, 13)

A second model he explores is classified as "The New Paradigm Approach." In this model absolutes are abolished and the researcher adopts a multi-method approach to the problem under study. The research professional here

attempts to utilize both subjective as well as objective methodologies in his/her work. Clearly my dissertation is driven by the "New Paradigm Research Approach" as well as being informed by the "Creative Paradigm."

The quantitative side, if the reader will, is driven by a quasi-experimental research design that raises issues of sampling and appropriate tests of statistical significance. It was composed of both a questionnaire and a test. Chapter 4 of this dissertation will outline the variety of variables and questions that are a part of the quantitative data, while Chapter 5 will deal with the implications of the data in the form of a series of interventions. The CURRICULUM CHANGE that is being studied in this dissertation was driven in part by this

information. Finally, Chapter 6 will evaluate the change and point directions for the future.

The curriculum change strategy was driven by qualitative methodology, in the form of, Participant Observation. Jorgensen (1989) defines participant observation in terms of seven basic features. They are:

1. a special interest in human meaning and interaction as viewed from the perspective of people who are insiders or members of particular situations and settings;
2. location in the here and now of everyday life situations as the foundation of inquiry and method;
3. a form of theory and theorizing stressing interpretation and understanding of human existence;
4. a logic and process of inquiry that is open-ended, flexible, opportunistic, and requires constant redefinition of what is problematic, based on facts gathered in concrete settings of human existence;

5. an in-depth, qualitative, case study approach and design;

6. the performance of a participant role or roles that involves establishing and maintaining relationships with natives in the field; and

7. the use of direct observation along with other methods of gathering information.

(Jorgensen, 1989, 13-14)

The participant observation methodology that is being used in this study then will depend on looking at the experiences of the "insiders" in this study (faculty, administrators and students); exploring the world of "everyday life" of the people who are the objects of the curriculum change (that is, events in the here and now); and developing an open-ended process of inquiry. The participant observer was in the position of developing multiple roles as colleague, visiting teacher,

resource person, curriculum developer, etc. in facilitating the curriculum change. Data was gathered through casual conversations, in-depth, informal and unstructured interviews, as well as formally structured interviews and questionnaires. (see Fine, 1987; Wallis, 1977).

The results of the participant observational research was recorded. A log of activities in the field as well as some written records were developed. In addition, a short questionnaire for students was a part of the change of curriculum initiative as an evaluation device. Finally, a tape recorded debriefing interview with faculty was analyzed. The major sources of theoretical information in the qualitative/field research part of the dissertation were

Spradley, (1980), Strauss, (1987), Jorgensen, (1989), Filstead, (1970) and Van Maanen (1983).

GESTALT ORGANIZATIONAL INTERVENTION THEORY:

It was clear to me from the outset that my training as a Gestalt therapist as well as my existential/humanistic approach to social work intervention would be helpful to my role as a participant observer. The Gestalt training and orientation to life I have focuses on:

- (1) A spotlight on the whole of a system first, before looking at its component parts,
- (2) A reliance on the here and now with respect to interventions,
- (3) Trust in the worker/researcher's sensate capacities,

(4) An ability to focus on and utilize the interaction between the participant observer and the change system, and

(5) A recognition of the boundaries that exist in the system at the start and a planned, though ever changing, intervention strategy that facilitates boundary rearrangements and growth.

The two major works that have piloted my own curriculum change strategy are Nevis, (1980) Organizational Consulting, A Gestalt Approach, and Merry and Brown (1987), The Neurotic Behavior of Organizations.

While neither work specifically deals with intervention in an educational setting or for that matter deals with the participant observer as an internal change agent, both focus on a philosophy of change, a method of work and an understanding of process that has informed this writer's strategy of change.

Nevis has suggested an alternate approach to organizational diagnosis built on Gestalt therapy perspectives. He has the following reservations about traditional organizational consulting:

- (1) An overemphasis on the past and cause-effect relationships in contrast to the here and the now;
- (2) Overemphasis on a rational analytic model that restricts awareness;
- (3) Overemphasis on intellectual understanding before moving into action;
- (4) Too little use of participant observation and unobtrusive measures in collecting data;
- (5) A focus on illness rather than on health.

He further deals with issues related to the marginality of a consultant to an organization and the issue of "working at the boundary" between the institution, the change

agent and the actual change that is being attempted. What I have attempted to do in my intervention strategy is superimpose the template of Gestalt organizational practice on the existing models of social agency change strategy. The synthesis is a new one!

This approach differs from the usual diagnostic mode in a number of ways:

(1) Diagnosis and intervention are intertwined. Diagnosis is not seen as a separate step prior to intervention. (The fact that I wanted to change the curriculum to include more material on drugs needed to be worked on with the faculty and the students to determine some of both the "What" and the "How" of the change.

(2) There is an emphasis on gaining the client's trust more than on collecting a substantial amount of information. (The political process of bringing the curriculum change to faculty, of listening for "resistance" and of working with the positive aspects of resistance was important.)

(3) The consultant's sensations, feelings, and internal states are seen as important data. (To this end the dissertation contains selected examples of my log entries that deal with changes in action, based on developing theory in practice).

(4) The responsibility for the problem is not taken solely from the client. (To this end the participant observer consultant used a combination of active, directed

awareness, with open, undirected receptive awareness not biased by preconceived models. I attended to "what I cared about," listened to what the client group [students/faculty] cared about, selectively shared assessment data and worked on integrating our mutual energy states.)

Merry and Brown informed my work by suggesting two stages of Gestalt organizational process. They are:

Stage One: Making clear resistance to engaging with a problem predominant at the moment, and helping personnel to make a commitment to working on the problem situation. This stage involved a great deal of informal as well as formal networking with faculty colleagues in an attempt to move

forward the intervention.

Stage Two: Acting on tasks and maintenance of the organization, including emerging problems, to improve the overall functioning of the organization. (To this end a number of serendipitous events occurred during the intervention that helped new figures, institutional arrangements and processes to emerge. These will be reported later on in the dissertation.)

CONCLUSIONS:

Theory needs to be translated to action, and from action will spring further theories. The remainder of this opus will include the actions I took both on a quantitative as well as a qualitative level to actualize a curriculum change for the School of Social

Welfare at the State University of New York at
Stony Brook.

A favorite proverb by Rabbi Hillel that
appears in the Mishna Avot that I think is an
integration of both self and process, of the I
and the Thou, comes to my mind:

If I am not For Myself, Who am I?
And if I am for myself alone, What
Can I Be?
And if not now-----When?

CHAPTER 2: REFERENCES

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CHAPTER 3

BEGINNINGS-2

CONTRACTING

Addictionologists speak of the profound interaction of four factors in the determination of the specific effects of a particular substance on an individual. The factors that have been agreed upon are as follows:

1. The drug itself, its concentration and potency,
2. The host, including such features as age, gender, physical health, past history, etc.,
3. The "set" of the host, including his/her expectations of what the drug will do, and,
4. The setting in which the drug is taken.

An analogous model from this substance abuse systemic organizational world can be derived as a metaphor for my own work, with the setting being the organization, (SUNY StonyBrook's School of Social Welfare), the set being this internal change agent's philosophy and frame of reference, (gestalt

Organizational theory), the host being the target population the change is aimed at, (the faculty and students of the school), and the "drug" being the interventions themselves, (Quantitative and Qualitative Research strategies.) In this new analogy attention would be moved from a micro analysis (the drug model) to a macro framework (the school) with a thorough recognition of adjustments that need to be made to scale.

It is my intention in this chapter to start with the setting, move to further explain my mind "set" or rationale for the way I undertook this intervention, and then move to the host population. In Chapter 4 I will explicate the first or primary "drug", that was utilized with the client system (quantitative research).

THE SETTING

"In order to update a profession by means of including new content in the foundation curriculum, change is obviously required. Change must be made in the curriculum. Concomitantly, change in the curriculum requires change on the part of the people who teach the curriculum. Since the curriculum and the people who teach it are parts of an organization, it is evident that updating a profession depends on organizational change (Soine, 1989:11)."

Any practitioner of organizational change be it an external consultant or an internal change agent must have some notion of the historical and political events and contexts that drive a particular organizational structure. To that end an understanding of past events and the working processes that are a part of the everyday operations of the organization are important.

A great deal of the material in the section below is taken from the school's most

recent Council of Social Work Education's Documentation for Accreditation Review for our Undergraduate Program dated March 1, 1987. The author was a standing member of the undergraduate committee that prepared the document:

The State University of New York, established by the Legislature in 1948, consists of 68 components governed by a Board of Trustees appointed by the Governor. The State University of New York at Stony Brook in Suffolk County, Long Island, is one of the four university centers in the system mandated by the Master Plan of the State University. Founded in 1957 at Oyster Bay, Long Island as a state university to prepare secondary teachers of mathematics and science, the college moved in 1962 to its present location on Suffolk County's north shore.

In 1960, The State Board of Regents and the Governor Nelson Rockefeller, established Stony Brook's mandate as a comprehensive university center "to stand with the finest in the country." Since then, Stony Brook has expanded to encompass 98 buildings on 1,000 acres. The faculty has grown from 175 to 1100, the student body from 1,000 to more than 16,000, and the annual budget from about \$3 million to over \$150 million.

(Undergraduate Accreditation:1987)

As a part of the university plan, a separate and distinct Health Sciences Center was established with the School of Social Welfare as one of its original occupants.

Further utilizing materials from the self-study document, I would now like to describe the evolution of first the Health Sciences Center and then the School of Social Welfare.

In 1961, Governor Rockefeller charged a special study committee to examine the health education needs of the state and to

make recommendations pertaining to those needs. After two years of study, this committee, chaired by Malcolm Muir, issued its report.

The report declared that as a part of a new Health Sciences Center at Stony Brook a School of Social Work should be established. The Muir report was an innovative educational document in its recognition of social work as a component of health care. It stated:

"The contribution of social workers to community health, the well-being of patients and their families and the successful practice of comprehensive medical care is perhaps the least understood of the health professions".

It further stated:

"Focusing always upon the patient as the person with a family and a place in society, rather than a diseased entity they (social workers) forge an increasingly vital link between the physical and biological and the biological and behavioral sciences".

With a rather quick response from the

legislature, planning was initiated for the Health Sciences Center at SUNY Stony Brook. By the time of its completion, the center was to become one of the largest, unified, complex health sciences facilities on a general university campus in the United States. The mission of the center would be to examine socio-medical problems, conduct appropriate research, and prepare professionals for service in the health sciences from the most socially sensitive and humanistic perspective possible.

The factors emerging from the "Muir Report," the mission of the Health Center, and the size and complexity of the endeavor suggested that "social welfare" would be a more useful designation for the school given its broader connotation than the traditional

"social work."

As a part of the original organization of the Health Sciences Center and later University Hospital being a part of the total University, a separate budget for each complex of the University was set up. The Chief Executive Officer of the Health Sciences Center (Vice President of Health Sciences) originally had control of his own budget. The resultant struggle for power and authority was magnified by the fact that the Health Sciences Center is located across the Highway from the main campus. As one colleague who was around at the beginning of the school stated, " You never would know that missile would be coming across Nichols road on a given day." The battle over resources continues to this day between the University proper and the Health

Sciences Center.

A second salient feature that emerges that was set up through the original auspice structure relates to the Health Sciences Center's original mandate. The School of Social Welfare located as it is would be wise to develop a specialization in Health Care. At this time none exists, which leaves the school vulnerable to criticism from the other constituent members within the center. On the other hand having a specialization in the field of alcoholism and substance abuse over the past 17 years lends to its fame and notoriety.

In the process of analyzing a complex structure such as the University and its smaller but complex sub structures, the Health Sciences Center and finally the School of Social Welfare, the temptation is to fit

them into an expanded bureaucratic model of sociological theory such as March and Simon's, Organizations (1975). An analysis of this sort would be appropriate if one were using solely the lenses provided by the rational systematic set of theorists in what might be called the Neo-Weberian tradition. (Barnard, (1968), Blau & Scott, (1962), Drucker, (1972), Etzioni, (1975), Simon, (1976) and Tannenbaum, (1974). The "mixed" theoretical system I am using in this analysis clearly would relate to the dichotomy between what is found in the formal system and what exists in the informal set of networks.

Formal Organization:

The School of Social Welfare of the State University of New York at Stony Brook opened in September of 1971 as an integral

part of the Health Sciences Center (HSC). The School was one of six professional schools (Nursing, Medicine, Dentistry, Allied Health Professions and the Basic Health Sciences. (There are now five schools, since Basic Health Sciences has become a part of the School of Medicine).

Within the School of Social Welfare, the major divisions are a graduate and undergraduate program. Besides the dean and three associate deans, one for academic affairs and one each for the two major concentrations, (direct practice and policy, research and administration), there are directors for the graduate and undergraduate programs as well as two assistants to the Dean that make up the school's administrative staff.

The School offers both the MSW degree and a BS in Social Work. Currently, the school is in the planning stage of developing a Ph.d program. In 1971-72 the school had 55 graduate students, 50 undergraduates and 15 faculty members. By the academic year 1972-73 there were 93 graduate students, 67 undergraduates and a full time faculty of 21. At the present time the enrollment is 269 full-time graduate students and 64 undergraduates. The number of faculty has held relatively constant at about 24; 21 are full time, two half time, with two lines being used for adjunct faculty to teach specialized courses.

Through its formal structure the school has a strong record of community service. Some of its faculty activities

include serving on boards of both local and state-wide agencies, regulatory and planning bodies, as well as holding positions of significance in professional associations.

The simple bureaucratic model as proposed by Tannenbaum (1974), when applied to the formal organizational structure of the School of Social Welfare leads to both a comforting fit and a series of day to day complexities. The reality of control from the top, of formal lines of communication, of well defined rules and procedures, of clearly defined organizational goals are all present in the school's bureaucratic structure. There is, however, a rationality that is determined by the realities of day to day experience. James March (1975) and his associates have particularly looked at an organizational theory that springs from bounded rationality

and group interests that could be applied to the school's placement in a complex formal structure. "Garbage Can Theory" can in fact be applied to the variety of day to day and yearly conflicts, shifting priorities, and seemingly disorder processes and practices that occur within the micro system of the school itself, the macro system of the university and the health sciences center and the mezzo system of the community at large.

For example, I had discussed with the chairperson of one of the standing committees my desire to talk to the faculty on the committee about my project. We agreed that I might have some time at the next meeting to do the same.

.....As the meeting progressed I became aware of the fact that the issue of my project was not coming up...I became aware of slowly rising anger in my body..thoughts of the chair sabotaging my efforts came to the foreground...notions and images of imagined conflicts we had over the past two years surfaced...I decided to wait, to see what was going on...the focus of the meeting seemed to be stalled on the issue of the day to day organization of the committee, endless time was being spent on details...more tension in my head and shoulders...a message from within me to wait further came from the rational side of my brain, after all I had more time left to get the intervention done...the meeting was drawing to a close, should I say something in the group, or do so in private later...a decision to wait out the process...to talk to the chair later...I sensed some tension in the chairperson that was directed to others in the room.

I later discovered that there had been a number of conflicts with another faculty person related to teaching performance and scheduling that was very much in the forefront of the chairperson's mind. I discovered this while the chair and myself were working on a course he was developing on

working with dysfunctional families. During the process of working on this project I mentioned that I had not had an opportunity to raise the intervention project with the faculty on our committee. The chair explained what was going on and assured me that we would start the next meeting with my presenting the project.

A Gestalt lesson is to trust your senses and be aware of the non verbal messages that are being sent out at a given time. The Serenity Prayer helps also!

Informal Structure:

Due to the complexity of the bureaucratic system, the slowness in its response to new situations, the functional inertia that develops that discourages innovation and change there is a need to use the informal system to get things done. The

informal structure within this organization is important since there is flexibility to form new alliances and coalitions to accomplish particular tasks. The formal structure of faculty committees, concentrations and specializations often can lead to power and territorial battles that cannot be resolved in a formal way. The informal structure, at times, allows for negotiations to occur in interpersonal dialogue which moves issues forward.

For example, a faculty member approached me about recognizing our field placement students who are placed in the mental health project she directs as being eligible for the specialization in alcohol and substance abuse.

..... I sensed we needed to first discuss informally what additional alcohol and substance abuse inputs they would get in the field.... As we talked I had a sense that she and I both were aware of the people in the formal structure who might want to block this development.... After clarifying some of the requirements, chatting about each of the projects we were working on and generally being "friendly" to each other, we moved to the issue of how we might move this development forward.... We elicited who would be the players who would make the decision and developed a strategy for moving the initiative forward.

This member of the faculty was one of the most helpful members of the tenured group in his support of this dissertation. At times the "informal" characterized by common human need, sensitivity to each other, belief in the survival of the school, and caring about the other persons health, well being and work has truly emerged and was very congruent with both my mission and the egalitarian mission statement of the school.

THE SET

To be aware, we must have empty heads. There is an old story:

Nan-In, a Japanese master during the Meiji Era received a university professor who came to inquire about Zen.

Nan-In served tea. He poured his visitor's cup full, and then kept on pouring.

The professor watched the overflow until he could no longer restrain himself. "It is overfull. No more will go in!"

"Like this cup," Nan-In said, "you are full of your own opinions and speculations. How can I show you Zen unless you first empty your cup?"

(Latner, 1986)

This story is an apt metaphor for the preparations, struggles and blockages I encountered in putting together this dissertation. In order to develop a here and now philosophy and epistemology for this work I needed to empty my own head about some of

the notions I held about organizations, systems, alcohol and substance abuse, curriculum, etc. What was most helpful to me in this regard was a series of notes I had developed and refined in a series of courses and workshops I delivered for the Division of Substance Abuse Services of the State of New York from 1969 through 1982 entitled, "Gestalt Therapy in the Treatment of Substance Abusers". (Goldstein, 1982).

Among some of the more important principles are the following:

1. Gestalt Therapy is a natural extension of the psychoanalytic theory that was developed by Sigmund Freud. As such it moved from a linear, "cause and effect" explanation of human behavior to a "holistic", multi dimensional explanation of behavior. To

draw a parallel from the natural sciences from a physical world driven by the theories of Newton to one explained by Einstein.

For example:

....While delivering a lecture to my Overview Class on models of addiction I became aware of some mumbling in the class room....I noticed that a number of people were whispering to each other and distracting others....I stopped my talk on the "disease model" and inquired as to what was going on....one member of the class indicated that she had difficulty with my questioning the notion that one had to be in recovery forever, another member stated with a great deal of anger, "that the notion of his having a disease and A.A. saved his life". I said, "I certainly believe that that is true for you, would you be willing to accept the possibility that this is not true for everyone who drinks"? He softened a bit and said", he would be willing to listen"!

Linear explanations and theories often lead to orthodoxies that block growth and new discoveries.

2. The practitioners of Gestalt Therapy owe some of their thanks to the influence of

Wilhelm Reich on Fritz Perls, that is the influence of the body on the body/mind configuration. One needs to be concerned with process and the natural movement of self rather than technique. A number of examples of how I paid attention to what I sensed, of my paying attention to "how" rather than to "what" have already been cited in this work. Reich also was the first of a number of humanist therapists who pointed to the need for a worker to be aware of the politics of a system as a part of the work.

3. Naranjo, (1986) has contributed a number of principles that are useful mnemonics that I often think about in doing gestalt work. They have become "existential rules" for me:

a. Live Now. Be concerned with the present reality in each encounter.

b. Live here. Be aware of your whole sense of self. (I add the unconscious self from my hypnotic training).

c. Think less. Use all of your senses.

d. Be aware of the pleasant as well as the unpleasant.

e. Express directly rather than explain, judge or manipulate.

f. Reject all should's or ought to's that are not your own.

g. Surrender to what or who one really is.

A Casebook Illustration:

....My research indicated that I needed more biological information in the Overview Course...so I panicked! The psychopharmacology of drug abuse is my weak area....Surely students would see that....no doubt I would be discovered as a charlatan....I would need to take a crash course, read at least 1/2 year, etc., etc. Then, I looked for two or three sources of information...I became aware of the fact that I knew more than I thought I did..and I called some associates who were experts in the field to be visiting presenters in a number of different programs I ran through the year.

Attention was focused on the here and now, to first be in touch with and then to plan from the crisis. In this way, the panic of the past and the anxiety about the future were mitigated by the focus on my present reality.

4. The normal personality is characterized by unity, integration, consistency and coherence. In spite of all of the work that is currently popular about dysfunctional families and organizations, about co-dependency being a part of all our lives about the pathogenic nature of the human experience a gestaltist looks to completion, to holism and to the self actualizing parts of the human experience. This notion is consistent with earlier social workers' focus on strengths and abilities within people and

groups rather than individual defects.

An illustration follows:

.... A colleague of mine related to me that he had little to no information about drugs and drug abuse but was very interested in the area in relation to his area of specialization, homelessness....Since he was very busy working on a book on the subject, he would like me to teach his two sections of the basic policy course that would deal with my intervention....Rather than the whole reading list on Alcohol and Substance Abuse, (Appendix 1), could I suggest one article that might prepare him for the lesson I was going to do....I suggested the one I thought would best serve his interests....He was quite active in the policy simulation I did in his class....had a lot of fun doing it....and gave me a great deal of positive feedback as a result.

My earlier training might have led me to all forms of psycho dynamic interpretations of my friend's behavior while playing the game of "couch as couch can." What was far more productive was to accept his openness for what it was and to move to meet him at the interface of our contact boundary. As a

serendipitous aside, we both plan to do a joint article on homelessness and substance abuse related to social policy when our schedules permit.

5. The final notion relates to the story with which I started this section, and that is the influence of Eastern Religion on Gestalt Epistemology. Most parables from the East are filled with paradox, such as the notion of "Tai-Gi/Wu-Gi" or what is more commonly known as the Yin/Yang. This paradoxical philosophy states that in any pole its opposite may be found.

Again, a practice example from my Casebook:

....During a session of the Overview Course that was dealing with the subject of assessment one of the students in class became aware of the fact that she knew, "almost nothing" about a particular client she was working with in regard to his drug use and abuse....I asked her if she were willing to

risk an experiment in learning....With her agreement, I then asked her to say out loud all of the information she knew about the client unrelated to drugs, while a classmate listed the items on the board....I looked at the list and asked her to link some of this information with drugs, for example the person being a Vietnam War Veteran, the composition of his family of origin etc....next, I asked her to say out loud what she did not know!....She began to list some items that needed to be added to her information pool....I pushed hard for to continue to tell me what she did not know....harder and harder.... I insisted....She smiled and said, I could stop now!....I asked her what she had learned, and she replied that she learned that she knew more than she thought she did and further she now knew what to ask.

The Gestalt notion of paradox was put into practice in the above example. The student had the opposite of her ignorance within her. My teaching techniques and strategies are often driven by my knowledge of the use of metaphor, Ericksonian Hypnosis and finally Gestalt understanding.

In summary, my mind set, was driven by theory and work that took into account the

multi-dimensional, existential, holistic, eastern, and sensate dimensions of Gestalt Psychology.

THE HOST

There are three separate and distinct "subjects" or "hosts" for the interventions in this work; namely, the community of alcoholism and substance abuse agencies on Long Island, the faculty, and the graduate students enrolled in the school at the time the intervention took place.

THE ALCOHOLISM AND SUBSTANCE ABUSE COMMUNITY:

The need for an institution to be responsive to its public has been widely cited in both the social work and organizational literature. As a School of Social Welfare in a large multi-university, the faculty and the

students at the school need to be responsive to a wide variety of "significant publics". Charles A. Glisson (1981), highlights the significance of the interaction between an organization and its environment.

"In contrast, the contingency model presents the relationship between organization and environment as reciprocal, and suggests that an organization may have the potential for determining its own survival as well as for changing its environment. At times the organization is more potent though at other times the environment is more potent depending upon the issue and the characteristics of the particular organization".

He further states, "The importance of the environment in determining organizational effectiveness and survival has been increasingly recognized (Lawrence & Lorsch, 1967; Terreberry, 1968; Meyer, 1978). It directly affects all organizational subsystems, but perhaps has the greatest effect on the goals and values of an organization. The funders, clients, and community each place constraints on the organization in terms of goal priorities and permissible approaches to meeting those goals. An administrator must express the goals and values of the organization to its environment in a manner compatible with expectations of

funding/regulatory agencies, other related service organizations, and interested community groups, as well as the clients who are to benefit from the service provided by the organization." (1981:328-329)

It was within the context of the organization/agency interaction that I began in 1987/88, the first year of my tenure as the Director of the Alcoholism and Substance Abuse Specialization to set up a Community Group to the Alcohol and Substance Abuse Specialization. The group is composed of key agency directors or their designees; service providers, both public and private: academics, and public officials interested in the field of drug abuse in the Nassau/Suffolk County Area. The group has expanded from 15 original members to over 30 members as of this writing and now includes two student representatives as well. In Chapter 5 of this dissertation

some elaboration of the group's function will be explicated.

The Faculty:

Inspired by the optimistic vision of the Muir Commission report published in the mid-sixties, and planned in the late sixties and early seventies, the Stony Brook School of Social Welfare is a product of the times into which it was born. The School's original founders and early faculty made their original charge one of hammering out a statement of goals and purposes.

"Bolder and more far-reaching than many schools of social work statements of purpose at that time, this mission statement--has been--and is--a living part of the school. As a mission statement it offers broad goals, values and philosophy to guide the school's faculty as it decides what we teach, how we teach, who teaches and to whom. While faculty may--and do--differ on the specific means to achieve the broad goals of the statement (and even on its interpretation as applied to

specifics), the faculty shares the belief that, having a mission--this mission is important. In 1981 the faculty reviewed, modified and reaffirmed the original mission statement.

(Documentation for Accreditation Review: March, 1987:5).

It is important, I believe, to consider the historical texture of the times in which the school was founded. Social Work's response to the social movements and social reforms of the sixties was deeply contradictory. For the first time, the social work profession was the target, rather than the ally, of a movement for social justice. The criticism came both from without and from within the profession. Certainly, the existing schools of social work felt and mirrored the pressure.

In John H. Ehrenreich's forceful history of Social Work and Social Policy, The

Altruistic Imagination, he points to the experience of the field in the 1970's as a "House Divided". (Chapter 7). He further states:

"Finally, the social work response to the sixties movements became self sustaining. As soon as the movements themselves died down, the impetus for change within social work also faded. Other factors, such as increased risk of openly opposing agency administrators as the job market softened in the seventies and the real, if limited, successes in changing social work school curricula and in recruiting minorities into social work, no doubt also played a role in the decline in ferment within the profession." (1970:232)

Paul A. Kurzman contributed an article to the literature that deals with a further pressure point in the field, the drive toward private practice. He cites the studies in that time period that dealt with identification issues. He posits a value base that is as relevant now for schools of social

work now, as it was in 1976.

"School of social work and the CSWE should be committed to the social work profession, not to psychotherapy. They should foster the serving of a variety of clients in public, private and voluntary settings on a publicly sponsored, prepaid, or fee-for-service basis, with a clear guarantee to the client that he or she is receiving a professional social work service founded on the collective expertise of the profession." (1976:37).

These are certainly sentiments, consistent with the goals of the School of Social Welfare at SUNY Stony Brook.

Within the turmoil and "adjustment" to the sixties, or perhaps it was change as a result of the sixties, the school's mission statement was formed.

MISSION STATEMENT

"The purpose of the School of Social Welfare at StonyBrook is to provide a learning environment for those who wish to deepen and extend knowledge and experience in the development of social change. The school will

provide a place for the education of committed, courageous and knowledgeable students who desire to participate in shaping social programs and policies of this society.

The School has been created out of the deep concern that existing social institutions, in large measure, are unresponsive to the needs and desires of people and thereby do not fulfill the egalitarian goals of the American democracy. These failures have been acknowledged publicly, especially in the case of those institutions concerned with health, education, welfare, housing and employment. The School will foster new approaches in the organization and provision of programs consistent with the kind of society that allows for the full development and expression of human potential.

To see social structure and cultural beliefs as the origin of a multitude of human problems, provides a frame of reference that begins to liberate the very definition and conception of these problems from the constraints of a reality that itself has been defined by that arrangement of structure and belief. Problems reflect the operation of systems, not the maladaptation of people. Accordingly, the energies and resources of individuals and groups might well find a most appropriate outlet in the identification, resistance, and transformation of destructive social conditions and in the creation of new modes of responsive social organization based on alternative values and structures.

Efforts should be directed toward: (a) the discovery of new and more humanistic operational forms, (b) improvement and further development of such humanistic structures as already exist, (c) new ways to influence the functioning of social, economic, and political systems, and (d) new ways to equitably distribute power, resources, rights, and freedom, so as to achieve social justice.

A sense of mission and moral imperative combined with the highest quality of intellectual relevance must permeate the learning environment of the School. Ideas and action are two necessary components of constructive efforts to pursue beneficial social change. The School provides a setting and range of resources for the exploration and development of new ideas and patterns of action that are prerequisites to addressing social problems. The educational philosophy and objectives of the school are consistent with this view. (1987:10-11)

My admiration to the founders of the School who struggled with the mission, attempted in the early days to engage students in an educational community that was consistent with the School's goals in that it fostered andragogy (there was no formal

curriculum as such, all was self study), worked to educate and sometimes fight with field agencies that were resistant to the School's mission and in fact battled with the social work education community to find its place in the sun.

Having a mission statement is, I believe, more difficult than not having one. Struggling to make it come alive, to negotiate and perhaps exchange within the school community ideas and differences in approach and philosophy in its implementation, enables us in carrying forward the social reform philosophy upon which the profession of social work was founded and which is vital to its future. The mission statement addresses social problems from a structural framework. This leads to the need to prepare generalist

practitioners to intervene directly with individuals and families as well as larger systems. Thus, practice is undertaken from a model of empowerment, development and enhancement, rather than that of pathology or victim blaming.

Looking at the goal formation process through the lens of the Institutional School of Organizational Analysis, both Dalton (1969) and Gouldner's (1958) work stand out. Both make comparisons between the professed goals and formal structure of an organization and with what really happens.

It is at the interface between the the values and moral imperatives of the mission statement and the reality of day to day experience as a member of the faculty that this intervention took place.

It seemed clear to me that my set of goals consisting of producing an intervention that would lead to revised content in one course, enhanced information in the curriculum at large on alcohol and substance abuse, and the development of an "advisory group" made up of community leaders was well within the mandate of the School's mission. This opus certainly conforms to life, and alas, life is filled with paradox!

How was my intervention, consistent with the values as stated in the mission statement, subverted or weakened through the organizational processes in the School?

1. A division of functions between the Direct Practice and the Policy, Administration, and Research Sequence. This division leads to competition between the two

sequences for limited resources and emphasis upon an ideological split.

"Social work and social policy have been characterized at different times by one or two broadly opposing set of theories. On the one hand, there are those theories that emphasize the problems of the individual (his or her morality, character, personality, attitudes, ego structure) and see casework (friendly visiting, psychotherapy) as the solution. On the other hand, there are the theories that emphasize the problems of the society (communities, ethnic groups, the poor) and see social reform (social policy) as the solution. These theories are more readily understood as the ideologies and battle cries of particular groups within and outside the profession, struggling for power in the profession, then as exclusively true, well-validated (or even capable of being validated) theories of human behavior." (Ehrenreich, 1970:256)

From my Field Notes:

.....The D.P./P.A.R. split is a potential land mine...I like what "A" said the other day, the split is ridiculous, one concentration deals with people without a world and the other with a world without people....It seems good that I have laid the groundwork that the specialization is open to both D.P. and P.A.R. students....the emphasis is that it belongs to the school and not to a

single concentration....How do I firm it up more....I know, I'll get a faculty member of PAR to serve on my committee as well as the D.P. member that is on it now....I think I will also get a member of the field department to serve as well.

In the fall of 1990, I added these two members to the faculty committee to the Specialization on Alcohol and Substance Abuse.

2. An under emphasis on the variety of forces that are at play in the organization that become resistances to any form of change. We teach about organizations and pay too little attention to our own. While opting for a school driven by the notion of social change, the realities of competing interests among the student body (some want "clinical training"), the faculty (each has his/her own interpretation on how social change should be arrived at), the Health Sciences Center (when will the school develop

a health specialization?) and field training agencies (how dare the school set their mutually exclusive agenda of what good practice is?), the goals have been modified by different realities over time.

An illustration:

....I think there is some wisdom in letting students have some input in what is being taught in the class, so when I asked them what they wanted the majority wanted techniques, examples from my own practice and clinical applications....yet I think, they all scored so low around basic values and on biological information on the test....if I ask for their input, how will I on one hand live up to what I think their deficiencies are, on the other hand live up to the mission statement re. introduction of the socio-cultural dimension of drug abuse and on the third hand meet their needs related to "hands on" skill?....It is a dilemma!

My solution was to share these issues with the class and come to a balance together using a conflict resolution model. One that they can utilize with people in recovery.

3. Personality factors within the faculty and the education community have led to goal displacement and/or revision. Perrow (1986) points to the differences between official goals (the mission statement) and operative goals (the actual organizational practices of the school). He further elaborates on the realities of the professional ego by pointing out an identity and ethic which cuts them off from the community and favors specialized, narrow and--to critics--self serving goals.

For Example:

....I made, what some considered a mistake in looking for official sanction from a concentration for the development of the Alcohol and Substance Abuse Advisory Committee....A full meeting was held on what we would need to name the group....since if it was an advisory group, "they" might get the notion that they had some power over what would go into the curriculum....despite my efforts to reassure some of my colleagues that

my understanding and I thought the members understanding of the word "advisory" did not imply I had to take all of "their" input a debate went on for an entire meeting....for ease of movement I took the suggestion that we call it The Community Group to the Alcoholism and Substance Abuse Specialization....unwieldy in terms of nomenclature and mailings, but a satisfactory compromise in terms of the fear of loss of academic control.

Goal displacement--that is--the difference between the professed goals and the mission statement certainly happens among the faculty of the School of Social Welfare; however, it happens with less magnitude than other institutions I have worked for and with.

On the other hand, faculty at the school, consistent with the mission statement, have lent efforts toward this and other initiatives on the part of myself and other members of non-tenured faculty to develop projects, new courses and research initiatives

that would yield innovations in our curriculum. It is a tribute to the openness of the faculty, particularly those with tenure, that this initiative was given their blessing and often support in the form of technical assistance, classroom time, etc.

Furthermore, the strong efforts that are made to recruit faculty from a wide variety of cultural and ethnic backgrounds provided me with a rich perspective of alcohol and substance abuse within specific sub groups of the population. Of the twenty-one full time faculty members, seven are minority group members (33%), and close to 60% are women. This balance has existed throughout the School's history.

Students:

The graduate class of students is made up mostly of people who reside in Suffolk

County. In the past number of years the majority of students have been female, (about 85%) and white. Strong recruitment efforts have been aimed at students who meet admissions criteria and come from groups that have been traditionally denied the rights of Americans. These include members of ethnic minorities, people of color, candidates from low income households and those with minority sexual orientations. (In 1989, 20% of our student body were made up of minority group members.

Further elaboration of the demographics of the student population will be reported in the Quantitative Research design found in the next chapter.

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CHAPTER 4

THE WORK PHASE-I

THE "1st DRUG"--QUANTITATIVE RESEARCH ANALYSIS

At the State University of New York's School of Social Welfare, a specialization in the fields of alcoholism and substance abuse is available to students in their second year of graduate study. The requirements for the certificate of specialization, in addition to the MSW degree, include particularized course and field work assignments and a master's project specific to the area of substance abuse. (A list of the requirements is included as Appendix #7.) Chemical dependency courses are also offered as electives for both BSW and MSW students outside of the specialization.

Graduate students enrolled in schools of social work, like the general public, deny

accepting the pervasiveness of substance abuse by the clients with whom they work. In addition, they miss the implications of needing additional information, knowledge, skill and sensitivity in assessing chemical dependency in the family systems of these clients. Further, students who take specialized training in the field of alcoholism and/or substance abuse may be limited by their own biases based on their own backgrounds as recovering substance abusers and/or the adult children of substance abusers.

The purpose of this study was to compare and contrast students who elected to take the specialization in substance abuse with students who did not. The findings I hoped would test a number of significant hypotheses related to who takes the specialization and

who does not, what information and knowledge the students have prior to taking the specialization, and what effects the curriculum might have on increasing knowledge, clarifying values and perhaps enhancing skills.

The findings of this study I think will add knowledge to the field that is both SUNY Stony Brook specific and applicable to the field at large. For the School of Social Welfare, new information was gained for recruitment and curriculum development purposes. For the field at large, information on the knowledge base of students in chemical dependency, possible linkages between a student's background and his/her knowledge base, and implications for curriculum development were hopefully gained.

The quantitative instruments utilized in this study were developed and field tested during the Spring Semester of 1988. The actual quantitative research was conducted during the 1988/89 academic year.

RESEARCH QUESTIONS/HYPOTHESES:

A central question in this study relates to the personal and family backgrounds of students who enter the field of social work in general, and those who take the specialization, specifically. Based on personal observations, questions students have asked in class, previous student papers, etc., it is my impression that many students who enter the field of social work have a history of recovery from drug abuse and/or are adult children of abusing families.

HYPOTHESIS #1:

Students who elect to take the specialization in substance abuse have a significant number of recovering persons and/or adult children of substance abusers within their group. Further, this cohort by percentage is higher than students who do not take the specialization.

This data has been obtained from Part I of the questionnaire which is the personal and family history part (See Appendix #2).

HYPOTHESIS #2:

Students who have elected to take the specialization will score higher on testing of knowledge, skill and values than students who do not elect to do so.

The data to test this hypothesis was

obtained from Part II of the questionnaire which is a "test" (see Appendix #2, Part II) . It is a further belief that recovering people and/or people who are from families in recovery will score higher on initial testing than those who are not.

HYPOTHESIS #3:

The independent variable, the curriculum of the specialization, will yield significant knowledge, value and attitude and skill changes in the students who take it.

(The data for the testing of this hypothesis will be gleaned from comparing the results of the Pre-Test and Post-Test.)

RESEARCH METHODOLOGY:

The study employed a quasi-experimental design in which two groups of students were selected. Each of them were

given the pre and post test protocol and both remained consistent throughout the study. The pre-test had two parts; the first part yielded descriptive profiles on each of the sample groups. The second part of the instrument was a test of objective knowledge each student had in relation to the field of drug abuse (see Appendix #2).

The post-test instrument was composed of three parts; the first part was similar to the pre-test in that it also yielded descriptive information (some of the questions were changed to clarify and sharpen some of the information gotten from the pre-test); the second part was the same as the pretest; while part III was added to gain some new "test" information. Part III was made up of additional questions that were specifically related to the biological and

psychopharmacological aspects of substance abuse. (see Appendix #3 for the post-test).

The test was adapted from a number of sources. They are as follows:

- A. Are You a Drug Quiz Whiz?
U.S. Department of Health and Human Services. (1988)
- B. Questions and Answers About Alcohol
New York State Clearinghouse on Alcohol Information. (1988)
- C. Alcohol Counselling: Core Curriculum
Pre and Post Test Survey Evaluation (1987)

Since the questions in each of these instruments were not developed for research purposes, there were no reliability scales or estimates reported out. This researcher changed some of the questions in order to include, in some cases, an integration of both alcohol and illicit substance abuse information. In order not to bias the

selection of questions I selected some 40 questions at random from a total universe of 96 questions to be included on the test. The test is most likely content valid as the questions were prepared by experts in the field of chemical dependency.

SAMPLING PLAN:

It was impossible in this study to achieve full random assignment due to the internal policy of the school related to students as subjects. Faculty can only use students who volunteer for human subject research. The universe for this study was the 125 second year students who were enrolled in the school in the fall of 1988. Of this cohort some 21 students were enrolled in the Specialization on Alcohol and Drug Abuse (17%). Fifteen (15) specialization students

volunteered to participate in the study. An additional twenty five non specialization students participated. Of the non specialization students I selected fifteen (15) at random to form my comparison group.

The design is a pre-post quasi-experiment, i.e: the non-equivalent comparison group model. The sample group was administered the pre-test instrument during the fourth week of the Fall 1988 semester. The post-test was administered three weeks prior to graduation during the Spring of 1989. Possible bias built into this study based on the quasi-experimental design was controlled for by the pre-post experimental design and survey method. This method permitted for a knowledge of degree of difference and/or degree of non-equivalence between the two groups.

Study Variables:

A number of variables were examined in the questionnaire. (Part I) They included; gender, race, religion, parent's ethnic background, marital status, age, family composition, and work history. In addition, a number of Stony Brook specific variables were studied in Part I. These included; Curriculum Concentration, Substance Abuse Specialization, and An Evaluation of Substance Abuse Education At StonyBrook. A number of other substance abuse variables included; personal drug and recovery history, family alcohol and drug history and sources of substance abuse knowledge.

The "test" variables, (Part II in both the pre and post-test and Part III in the post-test) included a number of categories.

They are:

1. Biological Knowledge and Information
2. Psychological Knowledge and Information
3. Addiction Skills Questions
4. Value and Attitude Questions
5. Addiction History and/or Policy Questions
6. General or unclassified Variables

The author served as an "expert" in the field to determine content validity for these variables.

Data Collection Plan:

The questionnaire was field tested on a group of 25 volunteer second year students in the Spring of 1988. The Human Subjects Committee of the School of Social Welfare and later the University wide Human Subjects Committee approved the protocol and

gave an authorization for the study to proceed. My analysis of the data will proceed below, with first an analysis of the pre-test (Fall 1988) and then with an analysis of the post test data (Spring 1989) and the total data set.

PRE TEST ANALYSIS:

In examining the pre test data my plan is to first present the demographics of the study samples, next to present the results of the test protocol, third to measure the pretest data against the hypotheses that were drawn prior to the study, fourth to indicate the results of any cross-tabulations or tests of significance that were attempted, and finally, to draw some conclusions related to the instrument itself and any necessary adjustments that needed to be made for

future testing.

GENERAL DEMOGRAPHIC INFORMATION:

Of the sample group of 30 students, seven (7) were male and twenty three (23) were female. There were twenty seven (27) whites, one (1) black, one (1) Hispanic and one (1) Native American. The religious preferences in this group included fourteen (14) Catholics, four (4) Protestants, and five (5) Jewish members. Seven (7) students declared that they were atheists or agnostics. The sample is representative of the total student population of the School of Social Welfare at Stony Brook at the time of this study.

Table #2 is a frequency distribution of the ages of the participants in the study.

TABLE 2
AGE DISTRIBUTION OF MEMBERS IN THE STUDY

(N=30)

<u>AGE OF MEMBERS</u>	<u>FREQUENCY</u>	<u>PERCENTAGE</u>
20--29 years old	9	30%
30--39 years old	9	30%
40--49 years old	8	27%
50--59 years old	4	13%
Totals:	<u>30</u>	<u>100%</u>

The youngest member taking the Survey was twenty four (24) years old, while the oldest was fifty-seven (57).

The sample included twelve (12) members who were married (40%), twelve (12) who were single (40%), three (3) who were divorced (10%), and three (3) who were separated (10%).

The data in this section represents an accurate reflection of the SUNY Stony Brook School of Social Welfare which basically is composed of students from the Long Island Community, with the majority coming from primarily white, middle-class families; most are female. The age distribution reflects the fact that many of the students are in the midst of a career change.

SPECIFIC STONY BROOK INFORMATION:

Twenty three (23) of the students were in the Direct Practice (D.P.) Concentration, five (5) were in the Policy, Administration and Research (P.A.R.) Concentration and two (2) were taking both concentrations. As was noted earlier, fifteen (15) of the students were taking the Alcoholism and Substance Abuse Specialization,

eleven (11) were not, and four (4) were undecided. For the purposes of setting up comparison groups the eleven non-specialization students and the four undecided members were merged to form a group of "non-specialization" students who were compared throughout statistical analysis to the "specialization" group.

Approximately two-thirds of the students (19) in the sample had not taken prior courses in the field of alcohol and substance abuse. Of the remaining one-third (11), ten were taking the first course in the sequence, An Overview of Substance Abuse. (The course was in its fourth session at the time that the study was started.) This data would lead to the conclusion that little to no substance abuse specific curriculum input was

given to students through Stony Brook prior to this study.

Table #3 lists the substance abuse categories in which these students placed themselves (question 15 A). Table #4 indicates the students' primary drug of choice (question 15 B).

TABLE 3
SUBSTANCE ABUSE HISTORY (N=30)

<u>I CONSIDERED MYSELF:</u>	<u>FREQUENCY</u>	<u>% OF SAMPLE</u>
An Experimenter	11	36.7
A User	8	26.7
An Abuser	4	13.3
An Addict	5	16.7
None of Above	2	6.7
	30	100

TABLE 4
PRIMARY DRUG OF CHOICE (N=30)

<u>DRUG CHOICE</u>	<u>FREQUENCY</u>	<u>% OF SAMPLE</u>
Alcohol	17	56.7
Marihuana	8	26.7
Crack	1	3.3
Barbiturates	1	3.3
Tobacco	1	3.3
None	2	6.7
	30	100

An analysis of these data indicates a strong bi-modal split in the sample group. Forty-three percent (43%) were either non-users or experimenters; while eight members (26.7%) considered themselves users at one time, and nine members (30%) considered themselves abusers or addicts. These statistics are significant in that they exceed the general population estimates at this time (An estimated combined percentage of abusers and addicts of about 8-12% based on the statistical source that one is using).

Further, these statistics validate Hypothesis #1 of the study in that eight of the nine who identified themselves in the high risk categories (abusers and addicts) are taking the specialization. One can conclude from this sample that people who enter the specialization on alcoholism and substance

abuse have a higher percentage of "recovering" members than those who do not make this choice.

The primary chemical of choice appears to be alcohol, with marijuana a significant second (see Table # 4). This data provides some significant curriculum design implications which will need to be considered both in the redesign of the Overview Course as well as in the major first year curriculum intervention. For example, the need to include more information on the licit drugs, (alcohol, tobacco and perhaps caffeine) and the slightly illicit (marijuana and prescription drugs).

The sample group runs parallel to the general population in that most of them started to use drugs in their teenage years. What is striking is that there is a comparison to the earlier use theories of substance abuse

problems. Almost one half of the sample fourteen(14) members out of the thirty) started their drug use prior to their fourteenth birthday, and eighteen members (60%) started their experimentation or use prior to their fifteenth birthday. The earlier the use the higher the risk of abuse and/or addiction.

LEARNING, THERAPY AND SUBSTANCE ABUSE:

In the study, one-half of the members felt they needed assistance (therapy) in some form to cope with their substance abuse problem (43.3%). Table #5 lists the kinds and types of rehabilitation for which people opted.

TABLE 5
TYPES OF TREATMENT UTILIZED BY STUDENTS
(N=30)

<u>TYPE</u>	<u>FREQUENCY</u>	<u>%</u>
No Treatment	15	50
Detox Unit	2	6.7
Alcoholics Anonymous	2	6.7
Agency Based Therapy	1	3.3
Private Therapy	6	20
Other Kinds of Assistance	4	13.3
	30	100

This set of data is too small to make any definitive conclusive statements. One can note a trend for one to one therapy that is shown throughout both the historical and the test part of the data. Given the fact that experts in the field of addictions treatment believe that communal, self help

and/or group treatments are the recovery of choice; this trend in the sample group has some significant curriculum implications. The modality preference for many student workers is further validated in Table # 6, where one half of the sample group who are currently in therapy are using one to one assistance (eight out of 16). In the test part of the survey the tendency of social work students to lack knowledge, have value biases and lack skill in the addictions field related to their one to one interventions methods preference was clearly demonstrated by the questions they did poorly on. The bias toward individual work is clearly one that is at the root of social work education and practice throughout the field. (Demonstrated by the clear pre eminence of Social Case Work). It is my contention that it

is a part of the historical legacy the field brings to its poor assessment, diagnosis and service provision to alcoholics and substance abusers.

TABLE 6
PREFERRED TREATMENT MODE
(N=30)

<u>TREATMENT MODE</u>	<u>FREQUENCY/%</u>
Alcoholics Anonymous	2 (6.7)
Adult Children of Alcoholics	1 (3.3)
Al-Anon	2 (6.7)
1-1 Therapy	8 (26.7)
Family Therapy	1 (3.3)
Other Therapies	2 (6.7)
None	14 (46.7)
	30 (100)

Student learners in this study seemed to get their information on substances

from a variety of sources with no particular skew toward a specific method of learning. The distribution of learning from personal experiences, parental influences, T.V., books and professional journals, as well as conference and workshop attendance was fairly equally allocated.

The students in this study indicate that after a full year of study at the School of Social Welfare, they have received insufficient training in the field of alcoholism and substance abuse. Significant deficits were reported by these students related to the frequency of discussions in their first year practice and policy classes, as well as their own personal estimates of the adequacy of the attention that is paid to the addictions field. The following two tables

reveal student impressions about the curriculum related to drug abuse.

TABLE 7
FREQUENCY OF SUBSTANCE ABUSE DISCUSSIONS
PRACTICE AND POLICY CLASSES
(N=30)

<u># OF TIMES DISCUSSIONS OCCUR:</u> <u>(ABOUT ALCOHOL AND DRUGS)</u>	<u>FREQUENCY/%</u>
No Times	5 (16.7)
Once	2 (6.7)
Two-Three Times	11 (36.7)
Four-Six Times	2 (6.7)
Over Seven Times	10 (33.3)
	30 (100)

TABLE 8
ATTENTION PAID TO SUBSTANCE ABUSE
PRACTICE AND POLICY CLASSES
(N=30)

<u>VALUE LABELS</u>	<u>FREQUENCIES</u>	<u>%</u>
Overly Emphasized	0	0
Sufficient	2	6.7
Balanced	4	13.3
Insufficient	8	26.7
Grossly Insufficient	14	46.7
Unclear Answer	2	6.7
	30	100

THE TEST:

During the pre-test phase the second part of the questionnaire, "the test" yielded some significant data that will be reported on in this section. The results indicate a

striking lack of performance in both subgroups in the study (specialization/non-specialization). [see Table 9]

TABLE 9
TEST RESULTS-- (N=30)

<u># CORRECT</u>	<u>F</u>	<u>% GRADE</u>	<u>GRADE</u>	<u>%</u>	<u>CU %</u>
20 *	1	50	F	3.3	3.3
5	1	62.5	D-	3.3	6.7
27	2	67.5	D+	6.7	13
28	2	70	C-	6.7	20
29	4	72.5	C-	13.3	33.3
30	3	75	C	10	43.3
31	6	77.5	C+	20	63.3
32	4	80	B-	13.3	76.7
33	3	82.5	B-	10	86.7
34	2	85	B	6.7	93.3
35	2	87.5	B+	6.7	100
		30		100	

* (There were forty questions on the test)

Fully two-thirds of the sample group would fail the test based on graduate school standards (Less than a grade of B). At the extremes of the distribution, one third of the group earned less than a C grade (10 students) while no student earned a grade of A or A-.

A t-test was run on the test data and showed no significant difference between the specialization and non specialization groups. (see table 9A)

TABLE 9 A

KNOWLEDGE OF SUBSTANCE ABUSE

A COMPARISON BETWEEN SPECIALIZATION AND NON SPECIALIZATION STUDENTS

	<u>CASES</u>	<u>MEAN</u>	<u>STANDARD DEVIATION</u>
Group 1	15	29.5333	3.563
Group 2	15	31.2667	2.404

Gp #1 = specialization
Gp #2 = non specialization

One could note that the specialization group scored slightly lower. Hypothesis # 2 on testing, was therefore, proven invalid.

A brief analysis of questions that were most often answered incorrectly indicated, ten (10) questions that fell into areas where students lacked general substance abuse knowledge, (of a total of 20); six (6) which indicated a lack of specific biological information, (of possible nine (9)). Five (5) questions of a total of seven (7) that were missed by a large percentage of students related to attitude and value biases and three (3) showed an absence of substance abuse skills. For example a majority of students did not know the amount of time it took for marijuana to leave the bloodstream, or the

fact that A.A. simply requires "a desire to stop drinking".

**CROSS TABULATIONS AND OTHER TESTS OF
SIGNIFICANCE:**

Cross tabulations between a variety of variables (use of drugs, drug history, prior courses taken, drug risks and the test) were calculated in relation to three separate variables. (Specialization/Non Specialization, Concentration and the Test). There were no significant findings for these cross tabulations on the pre test data.

Two separate analysis of variance runs were attempted. One was done between the test and the students' concentration of study; the other between the test and the students' specialization choice. Neither of the F tests show any levels of significance for these pre- test data. An analysis of these findings

would indicate that there is a great possibility of equivalence between these groups prior to curriculum intervention. This finding suggests the possibilities for further testing of parallel groups in the future.

SOME ANALYSIS OF THE PRE TEST:

It was clear to this writer at the conclusion of the pre test analysis that a number of revisions in the test itself were required.

1. Some questions in Part I needed to be revised to get clearer information on participant's parent's ethnicity.

2. Greater clarity needed to be attached to the questions related to a person's definition of his/her own substance abuse, as well as his/her definition of what an Adult Child of a Substance Abuser is.

3. An additional ten (10) questions on specific biological factors in the addictions needed to be added. This became Part III of the survey.

It was obvious from the pre-test that Hypothesis # 1 was proven. Clearly students who have a history of their own troubles with substance abuse are more attracted to the specialization.

On the other hand, Hypothesis # 2 was disproved. Specialization students fared no better on the test than did non-specialization students did. Clearly there histories did not help them. This factor has some significant implications attached to it, since many of the so called "experts" in the field gained their expertise through their own recovery.

Recovery, then becomes the basis for a mind set related to the addictive world at large.

POST TEST ANALYSIS

Some additional demographic information evolved in the post test protocol. The majority of members in the sample group had parents that were born in the United States (24 mothers and 26 fathers), with the remainder born in countries in either Northern or Southern Europe. The members in the study ranged from thirteen (13) people who had no children of their own, through seven (7) who had one child, four (4) who had two children, and three (3) each who had two and three children respectively.

Further Stony Brook Data:

Students in the Specialization are required to take two basic courses in

Alcoholism and Substance Abuse Studies;
 (Overview of Substance Abuse, and Prevention,
 Intervention and Treatment of Alcohol and
 Substance Abuse), plus one elective course in
 the specialization. It is important to note
 that courses in the specialization are open to
 all of the students in the graduate program
 and are generally taken in the second year.

TABLE 10

SUBSTANCE ABUSE COURSES TAKEN

(N=30)

<u>COURSES TAKEN</u>	<u>FREQUENCY</u>	<u>%</u>
None	6	20
Overview Course Only	1	3.3
Two Basic Courses	3	10
2 Basics & Elective	17	56.6
Adult Child Only	3	10
	30	100

What is clear from the above table is that 80 % of the students in this study took some chemical dependency education during their second year of graduate study; further, two thirds of the cohort took the basic curriculum of the specialization or more. An added question in the post-test protocol attempted to get at the students' descriptions of themselves related to their alcohol and/or substance abuse self-definition. (Question #3 on Page 5 of post test).

TABLE 11DRUG SELF LABEL (N=30)

<u>I CONSIDER MYSELF</u>	<u>FREQUENCY</u>	<u>%</u>
An Adult Child of an Alcoholic Family (A.C.O.A.)	10	33.3
An Adult Child of a Drug Abusing Family	5	16.7
An Adult Child of a Dysfunctional Family	6	20
Primarily in My Own Recovery	2	6.7
Belonged to a Functional Family	6	20
No Answer	1	3.3
	30	100

This table indicates that many in the study come from family backgrounds where dysfunctional behavior was prevalent and where alcohol and substance abuse was specifically prevalent. Further sub analysis indicated that fourteen (14) of the fifteen members who took

the specialization listed themselves as coming from backgrounds that were impaired. Additional interesting data is found in the next table which deals with genealogical data.

TABLE 12

GENERATIONAL HISTORY - (N=30)

<u>FAMILY LABEL</u>	<u>FREQUENCY</u>	<u>%</u>
Grandfather Alcoholic	2	6.7
Both Grandparents Alcoholic	1	3.3
Father Alcoholic	8	26.7
Mother Alcoholic	2	6.7
2 Generations Alcoholic or Drug Abusive	9	30.0
3 Generations Alcoholic or Drug Abusive	2	6.7
None To Report	5	16.6
Other	1	3.3
	30	100

The above statistics indicate a rich family/genealogical history of members in this study from alcohol and substance abuse backgrounds. Once again, the statistics point out that there is a significant percentage of the students who take the specialization who have come from a background of family alcohol and substance abuse (fourteen out of the fifteen in the sample group).

A number of other interesting changes are revealed from the pre to the post-test. Students reported that they had gotten more information from the self-help groups, A.A. and N.A. as well as the Adult Children's Groups over the year in which they participated in the study. There was an increase in the amount of times substance abuse had been discussed in their practice and/or policy courses. This statistic, however

needs to be placed in the context of the following table.

TABLE 13
ATTENTION PAID TO SUBSTANCE ABUSE
PRACTICE AND POLICY CLASSES

(N=30)

<u>VALUE LABEL</u>	<u>FREQUENCY</u>	<u>%</u>
Overly Emphasized	0	0
Sufficient	2	6.7
Balanced	3	10
Insufficient	15	50
Grossly Insufficient	10	33.3
	30	100

From the material in this section it is clear to this writer that the backgrounds and histories play a part in the student's choice of the alcohol and substance abuse specialization; further that their experiences

may influence the knowledge, information and value base they bring to the field of chemical dependency, and still further that the basic curriculum they receive in their first year of general social welfare study is inadequate related to drug abuse.

The implications of the data thus far indicate:

1. There is a need to build into the curriculum materials that deal with value and frame of reference biases related to a persons own background and recovery.

2. Value materials may raise significant feelings and/or blockages in student learners. Educational designs need to be created which will lend an atmosphere of support and helpfulness.

3. Students in the first year of study need some exposure to alcohol and

substance abuse curriculum.

THE POST TEST--"TEST": (50 questions)

TABLE 14

POST TEST "TEST RESULTS: (N=30)

<u># CORRECT</u>	<u># Off Students</u>	<u>% GRADE</u>	<u>GRADE</u>	<u>%</u>
26	1	65	D	3.3
27	1	67.5	D+	3.3
28	2	70	C-	6.7
29	3	72.5	C-	10
30	7	75	C	23.3
31	3	77.5	C+	10
32	2	80	B-	6.7
33	2	83	B	6.7
34	3	85	B	10
35	3	88	B+	10
36	1	90	A-	3.3
37	2	93	A	6.7
				100

TABLE 15
SIGNIFICANT STATISTICS ON THE POST TEST

Mean: 31.5 Mode: 30 Median: 31
Std Err: .538 Std Dv. 2.95 Variance: 8.67
Range: 11

While there was a slight improvement in student scores from test 1 (pre-test) to test 2 (post-test), it was statistically insignificant. One can conclude that the curriculum as it stood in the spring of 1989 did little to improve student performance from test 1 to test 2. Further quantitative inquiry was pursued in the form of an additional 10 questions that were added to the post test protocol. The results of the "New Test" are cited below.

TABLE 16
"NEW TEST" RESULTS--(10 Questions)
(N=30)

<u># CORRECT</u>	<u># of</u> <u>Students:</u>	<u>% GRADE</u>	<u>GRADE</u>	<u>%</u>
3	1	30	F	3.3
5	1	50	F	3.3
6	6	60	D-	20
7	7	70	C-	23.3
8	10	80	B-	33.3
9	4	90	A-	13.3
10	1	100	A+	3.3
30				100

The questions that were asked in the add on test protocol were clearly related to biological information and knowledge. Clearly the students both in and out of the specialization did poorly on the "new test."

Fifty percent of the cohort taking the test failed to score B or better.

PRE-POST COMPARISONS:

A series of t-tests were done on the data that emerged from this study. The most significant one emerged from a comparison of the total scores on test # 1 and test # 2.

TABLE 17

PAIRED SAMPLE t-TEST

<u>Variable</u>	<u># Cases</u>	<u>Mean</u>	<u>Standard Deviation</u>
Test 1	30	30.4	3.11
Test 2	30	31.5	2.95

t value=1.94 p level=.03*

(* for one tailed test.)

The comparison of the total of sample scores for test 1 and test 2 is statistically significant. Significant gain

did occur although both times the scores were quite low.

An analysis of t-tests between the two groups (Specialization/Non Specialization) and the "New Test" proved to be statistically insignificant.

CHI SQUARE TESTING:

A series of cross-tabulations were attempted comparing specialization and non specialization students around questions on which they had done poorly. In each instance where results might have shown some level of significance between the groups on a specific question, the number of cells that had data with frequencies less than five ruled such results out. (E.F. < 5)

DISCUSSION OF QUANTITATIVE DATA

Some significant results emerged from the questionnaire and testing that formed the basis of the curriculum intervention that will be detailed in the next chapter. They are as follows:

1. There is a clear need for students in the curriculum at large to have increased input in the field of chemical dependency. This need is substantiated by how poorly both specialization and non-specialization students did in pre test protocols. The analysis of the first part of the questionnaire as well as the series of tests indicates that an intervention aimed at first year students is appropriate.

2. It would be advisable to reconstruct the course outline, curriculum, assignments, etc. in the Overview course to more strongly

focus on value clarification, treatment information and biological inputs. The consistently poor performance of both specialization and non specialization students in these areas in both pre and post testing bodes well for this change.

3. It would be useful as well to structure the seminars next year to reflect a biological orientation.

4. And finally, the backgrounds of the students related to their own family and/or recovery experiences need to be taken into account in restructuring the curriculum.

What emerged as significantly lucid is the fact that across the board students need more alcohol and substance abuse curriculum that is focused on the findings in this dissertation.

CHAPTER 4: REFERENCES

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CHAPTER 5

THE WORK PHASE-II

THE "2ND DRUG"--THE INTERVENTIONS

In his book Organizational Consulting: A Gestalt Approach, (1987), Nevis compares two master detectives, Sherlock Homes and Columbo, related to the way in which each deals with the thinking, problem solving process.

"If Sherlock Holmes is a metaphor for the directed awareness approach, a metaphor for the undirected mode is the detective Columbo, hero of the TV series. Unlike Holmes, who is well organized, precise knowing, superior in perception and logical reasoning, rational and deductively oriented, Columbo is naive, rambling, slow moving, seemingly unfocused in his perceptiveness, and fuzzy, if not downright illogical." (Nevis: 1987:109-110).

Nevis goes on to point out that the two crime solvers utilize in their approaches, the differences between a 19th and 20th

century approach to science. In one case, Holmes, utilizes Active, Directed Awareness, and in the other Columbo utilizes, Open, Undirected Awareness. Nevis, goes on to suggest an integration of the two models:

"The Gestalt approach to awareness acknowledges use of both active, directed awareness (Holmes) and open, undirected awareness (Columbo). The Gestalt-oriented consultant is trained to use both modes. Neither awareness-enhancing approach is to be preferred over the other; good practice dictates moving back and forth between focus and sponge, keeping one's boundaries as open as possible to receive any and all data from self and other. Doing so seems best supported if one assumes that the goal of assessment is not to define the problem in order to make a solving intervention, but to find those issues that pique consultant interest and energy, and to see which mobilize the interest and energy of the client system." (Nevis: 1987: 116.)

It is within and a part of the above philosophy that the interventions in this chapter were framed. In addition, they were grounded in the methodology of participant observation as well.

"The methodology of participant observation recognizes that science transpires in the value-laden and highly political context of human association. Like all science, it aims for accurate and truthful findings. Unlike other approaches, it rejects the idea that scientists can or should be free from values or refrain from becoming involved subjectively and personally with the phenomena studied." (Jorgensen: 1989:38-39)

For example, in late September of 1989 I was thinking:

.....How do I develop a theory of intervention for my dissertation.....I want to have both the directed and the undirected.....both the planned and the spontaneous.....both the scientific and the intuitive.....behavior driven by both thinking and feeling.....for now, let me simply do; theory will emerge later!

Later, while reading Jorgensen, notions of "grounded theory" were introduced into my thinking:

"Glazer and Strauss (1967), like Blumer, have been concerned with linking theory and research. Their approach, called 'grounded theory', depends on participant observation (see Schatzman and Strauss, 1973) and a method of comparative analysis aimed at constructing theory inductively." (Jorgensen: 1989:113)

And finally, as I wrote this section one hot August morning, after a self hypnotic trance session devoted to relaxation and weight reduction, the following table emerged:

TABLE 18

INTERVENTION PARADIGM

<u>SCIENTIFIC/YIN</u>	<u>INTUITIVE/YANG</u>
Rational	Intuitive
Planned	Spontaneous
Directed	Scattered
Quantitative	Qualitative
Designed	Serendipitous
Left Brain	Right Brain
Thinking	Feeling

Each of the programatic interventions in this dissertation were both driven by the theory cited above (on an

unconscious level), and each intervention, in fact formed the theory (on a conscious level). The interventions by their very nature were not pure; each had elements of both the scientific and the intuitive, the planned and spontaneous, the directed and the scattered. All used qualitative methodology (participant observation), while at the same time were driven by the quantitative research. And finally, all led to serendipitous events that were not the original intent of this author.

INTERVENTION #1--THE OVERVIEW COURSE:

In the first session of the Overview Course (Fall, 1989), I decided to start the class with the following story:

.....A person got up one morning and decided that this was the day that he/she was going to find him/herself. (From here on I will tell the story in terms of a male, perhaps myself; you listen and use what ever

gender you wish) After performing the usual rituals of getting up, dressing etc. the person sets out to discover who he is. Reaching a body of water with a bridge over it, he paused and wondered if he could more easily find himself on this or the other side of the river. He decided to move across the bridge and search for himself on the other side of the water.....Just as he began to cross the bridge he noticed a woman was crossing the bridge from the other side.....As he grew closer to her, he pondered on whether he would greet her or not.....he decided to wave to her.....as he did.....the woman threw him a rope which he instinctively caught.....with that, she mounted the bridge rail and threw herself over it.....the rope was attached to her waist, so that she dangled over the side of the bridge, while the man held on to it.....

From the side of the bridge the woman spoke, "I cannot swim, it is your responsibility to keep holding on or I will surely fall in the river and drown." The man pleaded with the woman to try to hoist herself up; he would help her by pulling if she pushed.....The woman repeated that it was his responsibility to hold her, as a matter of fact she suggested that he could tie the rope about his body a few times, so that he could hold tighter.....which he did.....he tried to plead with her to aid herself, but she repeated that her life was his responsibility.....He thought to himself, that this was some mess; here he was trying to find himself and this woman came along to scramble

his plans..... At one point he was so angry, he thought of mounting the rail and throwing himself in the river, that would surely help him, since he could swim.....He tried once more to plead with her to assist him in helping her, but she kept replying that he was responsible and that she would surely drown if he did not continue to hold on.....

After telling the story, I asked the students to get into groups of eight to ten people. (There were 45 students in the class.)

I asked them to talk about the story in the context of being the person who was "finding" him/herself. The following questions were suggested, as guideposts to use in their discussions:

1. What would you do in this situation?
2. What is the problem or set of problems in the story?
3. What is the meaning of this story to you as it relates to alcohol and substance abuse?

After the groups met, utilizing newsprint to record their set of ideas on each of the questions, I posted the newsprint on the board that was related to Question # 2, What is the problem? A lecturette followed emphasizing the following points:

a) Problems and solutions are generally based on perceptions of individuals. They are not objective conditions of the real world. They are subjective constructions-what Kenneth Boulding called "images" of the real world-even though such perceptions may often be roughly shared by many people.

b) That the definition of a problem may often have in it the solution to the problem.

c) That problem solving itself is not an objective activity even though the

scientific revolution would have us look at it as such. I introduced the concept here of inter-subjectivity.

d) That often social problems beg simple answers, and that rather than looking for simple answers, we need to use the concept of "satisficing". (Simon: (1976)

Each of the points in this lecture helped students to identify the drug problem in relation to their own frame of reference about chemical dependency, as well as enabling them to relate to the prevailing wisdom, or should I say lack of wisdom, that is rampant in alcohol and drug abuse policy formation in this country. Further, the simulation sets the tone for a three session module on attitude and value clarification, basic definitions, and prevailing theories of substance abuse

that are a necessary foundation for the course. Finally, the lesson was driven from the quantitative research, which showed significant deficits in the test group related to basic information and value clarification issues. Thus, the planning part of this intervention was driven by the Scientific side of my intervention theory, since it is rational, planned, directed, and designed. On the other hand, the process as well as the interactions and learning on the part of students is intuitive, since it deals with the intuitive, spontaneous, scattered and feeling responses of the students.

After a break (classes are scheduled for 2 1/2 hours at Stony Brook, so a break is an important pause for both students and professor), the details of the course were gone over and a pre-test was administered. The

test was composed of all of the questions that were found in Parts II and III in the original survey (Appendix #3). A serendipitous intervention was made later in the semester when this author evaluated the questions related to giving each a category related to knowledge (basic/biological/non significant) and values (1-3) with 1 carrying the lowest degree of significance and 3 the highest degree. The author post tested the group at the end of the course. The results of this pre-post test analysis will be discussed in Chapter Six of this work.

The course was sub-divided into five units of learning (Appendix # 4: page 3) and a final evaluation session. Each of these units is driven by the stated outcomes of the course (Appendix # 4: page 1).

At the end of the course students

will have:

1. explored their own value and belief systems with regard to substance abuse and substance abusers;

2. have gained new information on the history of the problem in this society, with special emphasis on the role substances have played with disenfranchised groups;

3. have gained new information on the Psychopharmacology of a variety of illicit substances currently in use in our culture;

4. have looked at the comparison between licit and illicit substances of abuse in our society;

5. have gained some knowledge of comparative prevention, provision and treatment strategies that are now widely in use, and;

6. have looked at the role of

social policy in this field.

Of these six goals, three are new compared to the course I taught prior to this research (#'s 1,3 and 4); while the other three have been revised in accordance with my findings.

With respect to goals # 3 and 4, The Dependency Check List (Appendix # 5) is assigned as an introduction to Unit III, Psychopharmacology. It is important for students to explore their own personal experience with habits as a phenomena within a general contextual experience rather than seeing dependency as being solely related to drugs. I asked the learners to do the check list at home in preparation for session # 6.

.....At the beginning of the session, after house keeping activities were taken care of I asked the students to pair up with someone in the class that they felt

comfortable and trusting with to do the processing of the "Dependency Check List".....After they were physically together, I had a thought.....perhaps this very selection process, can be looked at?.....I told the students to stop for a moment, and rather than chatting about the list itself, to talk about who and how they selected a partner for this exercise.....What was their selection related to? Geography? Intimacy? Trust?.....After all, is trust not an issue of dependency?.....Couples discussed the issue and a general discussion took place in class related to the current co-dependency movement that is taking place in both the general public and in the drug abuse field.....The digression was an important one!.....We later went back to the dependency check list, the chemicals and activities they used and didn't use.....and finally, began to explore the specifics of psychopharmacology.

It is important to once again highlight the need to move from the planned to the spontaneous and back again. I learned that even the dreaded psychopharmacology can be taught in a more dynamic way. This unit started with where the students were, their own experiences with dependency related to both activities and drugs, moved to an

existential examination of an activity in the class, focused back with a mini lecture on the co-dependency movement, went forward to a processing of the exercise and ended with some basic definitions of terms, including: dependency, trust, drug, drug use, abuse, and addiction.

The second session of the unit utilized a guest speaker who more specifically reviewed brain chemistry, neuro transmitters and some of the chemicals of abuse themselves. I took great care to invite a speaker who made the materials alive and stimulating to the students.

In the model of intervention I am using, sometimes the intuitive will lead to the need for a change in structure leading to a rational, planned, directed intervention.

For example:

.....In the treatment section of the course, (session 10) I had been talking about some work I had done with a woman who had a long history of chemical use who I had known as a client when I worked in a therapeutic community. The class was very interested in how she had relapsed a number of times and now seemed quite stable and was well on the way toward growth, development and self actualization.....As I talked on I mentioned her being very grounded in the N.A. movement as well as her seeing me now on a 1-1 level.....One class member raised the issue of the conflict between the self help movement and professionally trained social workers.....another raised the issue of A.A. often not being compatible with women's needs and issues.....a third talked about her own personal recovery.....the temperature of the room was rising with us moving somewhat away from the subject matter of the day, as well as moving into personal disclosure.....I thought, as the process went a few more moments.....some structure might be useful here!.....I stopped the process for a moment and suggested the following:

1. That we continue with some of the material I had prepared for the day, on kinds and types of treatment;

2. That during the break I get a print-out of a simulation I had put together on the conflicts that exist between the fellowship and professional intervention, and that we use that structure in the second part of our class today.

3. That the following week I bring in a tape of a group session that I have used related to a spin off group from A.A. called, "Woman for Sobriety".

.....One member of the class was concerned that I would not get to share all I had prepared for that day.....I mentioned that since this unit had two more sessions after today I am sure we would get in the materials I could not get in today. The class liked the set of suggestions and we implemented the structure.

The above examples are a small, yet representative sample of the teaching tactics I used in this intervention. The need in this model of Gestalt teaching is to go back and

forth from the grounding of the course outline to the figure that is presented in the here and now action of the classroom. I find that the metaphor of acting is the most useful to use in this intervention and in my style of teaching in general; that is, there is the play, the script or course outline and then, there is the actual performance: the classroom session, the students and the teacher director.

INTERVENTION # 2--FIRST YEAR POLICY/PRACTICE COURSES:

The second "change" was focused in an area that the author had the least amount of power in, required the most systemic intercession and affected the greatest number of people in the school. In the preparation stage leading to the intervention two meetings were held with the acting Dean, one meeting

was held with each of the Associate Deans in charge of Direct Practice and Policy Administration and Research and a total of ten different meetings were held with either individual faculty members or combinations of faculty that taught in the direct practice and/or policy sequence.

The second phase of the intervention, the input itself, involved my directly teaching five different sessions of the basic policy course (first year), two sections of the Policy Practice Course, and five different classes of the first year, first semester direct practice course. (In two different instances, two professor's combined their classes so that a single lesson was taught to two classes at the same time. One colleague asked me to use the input in her

second year practice class based on student need and her own assessment of the practice concerns that were being raised in the class.)

The third phase of this intervention, an evaluation phase, consisted of separate tape recorded debriefing meetings with the Policy and the Practice Faculties and the tabulation of classroom evaluation forms that were done by the students. The findings of the third phase will be explicated in the next chapter.

The Planning Phase:

Brager and Holoway (1978) are quite explicit in their distinction between a "strategy" and a "tactic":

"By the word 'tactic,' we mean to convey short-range and specific behaviors. Although the word is often used interchangeably with strategy the two are distinguishable. 'Strategy' refers to the

theory or set of ideas that informs the goal of a change effort, moving it from problem to proposed solution. It also refers to the linking of tactics together into a longer-range game plan". (Brager and Holloway: 1978:131)

The "strategy" of this intervention relates then to what I did to change the curriculum in first year practice and policy courses, while the study of "tactics" focuses on how I intervened in each of my encounters with the members of the system I was aiming at changing. Another way of explaining these notions is to focus on the objectives of this project as a whole, the Utilization of Student Research and Gestalt Organizational Theory in the Development of Alcoholism and Substance Abuse Curriculum as "the strategy," while each of the examples and processes I report on in this opus form my set of "tactics."

An Example:

I met with the chair of the Policy and Administration Sequence today to chat about my project.....In the past he and I have talked about mutual interests we have related to holistic health, gestalt psychology and group work.....He mentioned his objections to the type of research I was doing with students, particularly related to asking them personal questions about their backgrounds.....I clarified what I was doing, the purposes of the questions, etc.....He still disagreed with the research part of the project, but saw the importance of the intervention into the policy courses of materials on alcohol and substance abuse.....He suggested I speak with the coordinator of the basic policy courses to move the project forward.....We continued to talk on about a number of ideas we had about other projects we might engage in and funding other ideas.

The meeting's original auspice was grounded in the scientific in that it was planned, rational, directed and designed. We did some thinking and problem solving as a part of the emerging process. On the other hand, each of the parties in the meeting

functioned on an intuitive level, being spontaneous, scattered and serendipitous. The encounter is also an example of the utilization of a "collaborative" tactic.

"Collaborative tactics are characterized by open communications. Problems tend to be stated as such rather than as solutions, information regarding the perspectives of both parties is widely shared, and a climate of tentativeness typifies the interaction. Collaborative tactics include problem solving, joint action, education and mild persuasion, each involving a more or less active attempt to influence another party." (Brager and Holloway: 1978:131)

Another example of collaboration that led to a serendipitous series of events follows below:

.....In meeting with our acting Dean we spoke of a number of items I had on my agenda related to the specialization.....talk led to some of the people we both knew in the field of Alcoholism and Substance Abuse, and some of the problems that were happening related to funding.....the Dean mentioned the fact that the school had some budget problems as well, that a deficit had been accumulated

in our Continuing Education Account.....After inquiring about the amount of the deficit and some of the specifics of the problem, I thought that I might be able to be of some help.....Several days passed and I did some thinking, and I went back to the Dean.

.....A few day later, I mentioned to the Dean that I would be interested in helping to revive the C.E.D. program.....I was soon appointed to be the director of the program, was given a great deal of help in the form of faculty and staff support, as well as the Dean's contribution of a great deal of time and effort.

This serendipitous event was on one hand unrelated to the project, but on the other hand became greatly related to a series of exchanges, programs and events that have driven the alcohol and substance abuse initiative forward. (See appendix # 10 for the Winter/Spring C.E.D. course calendar.) For example, a major conference, sponsored through the continuing education auspice, was held last year on the theme of Alcoholism and Substance Abuse in the 90's. A series of

programs that were alcohol and substance abuse specific were held in June of 1990, and we are currently talking about a training institute to be held in the summer of 1991. (See appendix #11 for the Conference Program.)

What was accomplished was further contact with faculty and students, greater visibility of the school and our Alcohol and Substance Abuse program in both the Agency Community and the Health Sciences Center, and not so incidently, a significant reduction in our deficit.

The Teaching/Intervention:

Two lessons were developed by this author that became the medium of the input for Policy and Practice students. With the exception of one faculty member mentioned earlier in this work, teachers elected to have

me visit their classes to deliver the lesson that was part of this intervention. Each of the faculty attended at least the initial section of the class that I taught and all were very involved both in the experiential parts of the lesson, as well as the processing of the exercises. Many focused the learning in their classes over the entire semester to the issues in the lesson. All faculty supported the lecture parts of the lesson that I delivered. Furthermore, some who had experiences in their own practice with substance abusers and their families eagerly participated in volunteering their own experiences.

The outline of the lesson for the practice sections is found in Appendix # 8, while the outline for the policy sections is found in Appendix # 9.

The practice lesson was made up of the following:

a) A basic overview of what the lesson will be; as well as an explanation of what prompted me to visit their class.

b) Some basic definition of the problem of substance abuse in our society and how it may effect them in their work with clients.

c) A human relations exercise called, "The Kaiser Conflict Game". The subject matter of the conflict game focused on drugs.

d) A Break

e) A Discussion of a variety of models of belief and theory in dealing with drugs.

f) Their own practice examples, if time permits. (where time does not permit, the

classroom instructor will continue the following week.)

g) Some feedback...The evaluation form was distributed the following week in class, and professors permitted ten minutes of class time for it to be completed.

An example from the Practice Lesson:

.....The conflict in this class between those who had chosen the Abstinence model (disease model) and those who had chosen the psychological model (finding causation) was very sharp.....no one picks the legal/moral option, even though it is prevalent in the society.....and only one picks the social one.....student A is arguing very hard for people to join her group, "how can you treat someone who is not sober?".....student B shouts, "so how can you help someone, if you refuse to see them if they are getting high?.....a real battle.....the professor joins the one student who picked the socio-cultural option and becomes very forceful in attacking both models....he says, "what is the mission of this school? Drugs are only a manifestation of all of the ism's in our society"! Back and forth and forth and back went people in hardening their positions.....At break time

people continued to argue in the hall way.

This is only one of the many classes that got into the conflict in practice sections. Basically the simulation opened up the lecture section that came after the break that dealt with paradigms of drug abuse. The teaching points about knowing one's own frame of reference, one's own personal experience related to drug abuse, as well as the existing theories in the field were easily taught from the experiential part of this session.

The lesson utilizes Gestalt teaching principles in using an experiment or simulation, the "Kaiser Conflict Game," to heighten learning. Further, my intervention paradigm, based on Gestalt Organizational theory is utilized in that the experiential part of the lesson is intuitive, spontaneous,

feeling and scattered, while the lecture part of the lesson is rational, planned, directed and designed.

The policy class lesson has the following outline:

- a) An overview of what we would be doing, plus an explanation of what purpose I had in visiting their class.
- b) A Simulation--Part I
- c) Simulation--Part II
- d) A Break
- e) Lecture/Discussion on Drugs and Public Policy.
- f) Feedback of the Lesson. Again, the written evaluation was given out the following week by the teacher of the course.

An example from the Policy Course:

.....The simulation had gone very well.....students had played out the roles very forcefully in the "town and gown" conflict related to policies on alcohol and drugs on a campus.....I noticed a great deal of depression in the tone of the class after the break.....one student began to weep.....another asked her what was the matter, could she talk about "it".....I did not know the student myself, but asked if she needed to talk, or would she prefer leaving the class for awhile.....she decided to talk.....she mentioned that she was a member of Mother's Against Drunk Driving (MADD).....that she had lost a son as the result of a "drunk driver" accident and that the simulation around alcohol and the campus had brought up a lot of feelings for her.....A number of people got into the discussion about our own campus.....a few people in the class were Resident Assistants (RA's), they talked about the problems that existed on campus.....we talked further about campus policy and then later about public policy.....about the personal being the political, about legislation and the mess substance abuse legislation get's into.

By and large many of the classes got into public policy quite well from the simulation. Some groups focused on mini policy related to the campus, to their own college age children, or their own experiences as

undergraduates; others focused on state law and federal policy. Each class took the simulation to a place of contact between their personal experiences and the society at large. An issue that was raised in my own mind was how do we deal with the personal experiences related to students' own personal and family experiences more fully without the classroom becoming therapy? It was an issue that was raised over and over for me throughout the year of this intervention.

The policy lesson starts in the intuitive mode very heavily in that it sets up a role play that is spontaneous, scattered, right brain oriented and feeling; it then moves to a lesson/lecture that is scientific; it deals with the rational, planned and directed intercession of the instructor.

INTERVENTION # 3--SPECIALIZATION SEMINAR:

The seminar series was started in my first year as director of the Alcoholism and Substance Abuse Specialization. Students who wish to qualify for the certificate of specialization must attend one of two seminars that are offered each year under the sponsorship of the specialization. (For a full list of the requirements for the certificate see Appendix # 7.)

It is important to note as an aside that the certificate is not linked directly to the state licensing requirements for the Certified Alcoholism Counselor (C.A.C.) certificate. Stony Brook's educational mission is to provide students with a diverse educational experience leading to an MSW degree. The specialization program is part

of a rich and diverse curriculum which meets the mandates of both the Council of Social Work Education's Guidelines and the School's own mission statement. Many students often inquire about the relationship between the credential and our specialization and are given the above message with some additional information. The additional fact is that in the past the agency which administers the licensing procedure, the New York Federation of Alcoholism Counselors (NYFAC), has accepted all of the credits that we offer in our curriculum toward meeting the didactic requirements of the license. Students who take the specialization then do not have to take a series of courses to fulfill the classroom training requirements of the state bureau. They do, however, have to accumulate post graduate hands on experiences in work settings

that are primarily geared to treating alcoholics and their families, with supervision provided by C.A.C. certified staff.

The seminar was designed to expose our students to "outside" prominent experts in the field of alcohol and substance abuse with a secondary "exchange" feature being an opportunity for non academics to have an exposure to the classroom setting. In the past as director of the sequence I have made the decisions related to who would be our distinguished guest each semester and what subject matter would be presented to students. (These decisions were made in consultation with the Dean and other faculty who teach in the specialization.)

Based on the research that was accumulated in the 1988/89 pre-post study (Chapter 4), I

decided that at least one of the seminars in the 1989/90 calendar year, preferably the Fall one, would deal with the biological dimensions of substance abuse.

The decision of "who," in my mind, is not only a curriculum choice, but a political one as well. While the first priority is to always get someone who will be dynamic and know his/her subject matter well, the second priority is to get someone with whom the school wants to both honor and network with. As a result of these dynamics, over the past three years, I have both relied on and reached out to members of the Community Board to provide each semester's lecture.

.....The Dean and I have talked a great deal about who would deliver this fall's lecture.....Dr. L., a friend and associate of the Dean seems like a wonderful choice. It would be the first time we have not used someone from our own board, but that is more

than compensated for by his dynamism and by the expertise he has in the area of the psycho-biology of alcoholism and other drugs.....So we make a decision to go ahead, and the Dean will make the contact.

The reality of busy schedules on all our parts made it impossible for us to get our first choice. So, it was back to the drawing board.

.....The semester is already in its 4th week, the seminar needs to happen between week 9 and 12 to fit into the curriculum.....Let me meet again with the Dean.....I have an idea, I'm going to use two members from our board, one in the fall to talk about MICA's (mentally ill chemical abuser's), the other in the spring to talk about the psychopharmacology of substance abuse.....

In a consultation with the Dean we decide to utilize the director of a large therapeutic community in Suffolk County for the Fall program to speak about Dually Diagnosed clients and the programs he has to

deal with such clients, while in the spring a psychiatrist who is a part of our board and who works in the Health Sciences Center at Stony Brook will be our speaker. Although I could not get what was the "ideal" in this situation, I was able to get the needs of the curriculum and students met and my own research and intervention goals fulfilled. At the same time, the plan was political and expedient.

From my notes related to the Spring Program:

.....Dr. K. was a bit uptight at the beginning of the lecture, but she was honest and stated as much to the students.....That helped the students to help her over her butterflies.....As she talked about some of the psychotropic drugs they utilize upstairs, I got a little nervous that some of the recovering people in the class would grow hostile.....God Bless, J., she asked a question about Dr. K.'s cases, and how she would use or not use certain medications.....That relaxed Dr. K.....It

also helped students realize that she is very conservative in her use of prescribing drugs to substance abusers.....She really knows her stuff about alcohol, also about being manipulated by addicts.....The lecture became a discussion, the students got a lot out of the Dr. and she enjoyed the experience.....The ultimate goal of learning more about the psycho-biological aspects was filled fairly well.

Both seminars this year, while they did not directly fulfill my plan, were close enough to what I wanted.

In the process above, the example from the Spring semester, the Gestalt Organizational model was once again utilized in that a rational, planned and directed process became an intuitive, spontaneous and feeling one. What was interesting to me and perhaps will be to the reader, is that in this instance the process that took place in the lecture itself was unguided by this author/worker. One possible explanation is that students who were

in the seminar have learned from this professor well; another is that some processes are a natural part of the flow of people's wanting to make positive contact.

In either case I am reminded by a Guru, Suzuki Roshi's commentary:

"In the beginner's mind, there are
many possibilities.
In the expert's there are few."

INTERVENTION # 4: THE COMMUNITY COMMITTEE:

The Community Committee to the Alcoholism and Substance Specialization of the SUNY Stony Brook School of Social Welfare was developed by this author when he initially became the director of the specialization. The idea of having an "advisory" committee was driven from my own past experiences dealing with programs and communities in the field of agency practice, as well as having been

adjunct faculty at a number of schools over the years. It has been my experience that often there is a wide schism between schools of social work and the field agencies in which they place students. The competition as to who "owns" the student's learning experience, who "knows more" and ultimately who is better qualified to teach students often exists on an underground level between the professed cooperating parties. I have found that the gap can be narrowed by structures that are set up to increase communication and cooperation among all of the parties. Opportunities that permit field people to be a part of the school and faculty members to be part of the agency increase the likelihood of better/improved cooperation.

The committee at the time this project was initiated was in its second year

of operation. Membership for the group was recruited from agencies that provide significant services to alcohol and substance abusers in the Long Island Community. The author selected both public and private agencies, as well as governmental representatives and key faculty in the Health Sciences Center as well as the School of Social Welfare. The choices were not only related to agencies and services where we place students, but also to strategic services that we might want to develop in the future. The list of members of the group is included in this document as Appendix # 13. (The membership in the group has changed over the three years it has been in existence, with new members being added and a few people dropping out based on work related changes.) An examination of the list will demonstrate to

readers the status of the members of the list, the broad representation of a variety of constituencies on the list and a modest amount of political thinking and acumen the founder utilized in putting together this group.

.....While meeting with the Dean in the early Fall of 1989 we were discussing a few new members we would like to add to the "advisory" group.....Some names were selected.....Frances asked me where do we usually hold our meeting and how often we have them.....When I told her, generally twice a year, once in the fall semester and once in the spring, and that we generally hold meetings at the school, she suggested that a) it might be useful to move the meeting around to agencies as well, and b) since the group was entering its third year it might be nice to have a brunch or luncheon meeting at a hotel to validate and honor our board membership.....So with financial support from her office, our fall 1989 meeting was planned.

The above is a small sample of the support I received from the Dean in developing this group as well as working on this dissertation. The meeting was held at a hotel

more central to all of the members on the board than the school is, was attended by the Vice President of the Health Sciences Center as well as the Commissioners and key members of the committee. (An important recognition of both the travel problems that exist on Long Island as well as an opportunity to thank the members of the board for their service).

The community committee is an example of the utilization of an indirect support system that had a strong ripple effect in validating and enhancing the work we do at the school in the field of alcoholism and substance abuse.

More specifically, this writer explored with the members of this group his ideas related to doing the initial research and utilized two members of the group as "experts" in putting together the quantitative research

questionnaire some two years ago. Further, the preliminary findings about the research, the curriculum changes and initiatives and the author's own progress on the dissertation were both formally reported in meetings and were informally inquired about by members of the committee. The community committee has been clear that it serves in an advisory capacity and is not a decision making body. Members have been both individually helpful to the school as guest speakers, as advocates of the program and as political allies when we needed to get things done.

The school on its end has not only asked for help from the board; for example enlisting their support related to our plans to start a doctoral program, but has also been utilized for its faculty resources to present in service workshops to its respective staffs. An

example of a typical agenda of a community group meeting is found in Appendix # 14.

During the course of the last year of the initiatives in this dissertation a number of committee activities were broadened and expanded. They included:

- a) Developing a "think tank" sub committee of the group which has examined ways in which the school and the committee could get involved in new and innovative projects together.

- b) Expanding the committee to include two student representatives.

- c) Exploring new ways to promote better field/agency placement opportunities.

- d) Utilizing the board to help in the promotion of the First Conference on Alcoholism and Substance Abuse sponsored by

the school and both the Nassau County and Suffolk County Departments of Alcohol and Substance Abuse. Subsequent to the conference, the board offered feedback at its next meeting (Appendix 14: Agenda item 1 E) and decided that it would like to play a more integral role in the planning of the next conference.

As of this writing a sub-committee of the group has been meeting and has put together the basic details of our next conference.

The work that has been done on this initiative is grounded in the tradition of community organization and social group work practice. The set of tactics and systems interventions provided for a broad base of support for the research and change strategies

I utilized in this enterprise. The scientific side of my intervention paradigm was most useful in the strategic development of the community board. I tended to utilize the more rational, planned, directed and designed sides of myself in the work described above.

.....At this time, writing more might mean saying less.....I think it is time to move on to some evaluation of my work, to draw some conclusions, and to posit some directions for the future.....to Chapter 6.

CHAPTER 5: REFERENCES

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CHAPTER 6

ENDINGS AND TRANSITIONS.

The purpose of this chapter is to evaluate the results of the change initiatives that were attempted in the study. Utilizing the format of the previous chapter; I will first evaluate each of the four interventions, then move on to conclusions about my work related to future directions at SUNY Stony Brook, and finally make some comments about curriculum initiatives for the field at large.

INTERVENTION # 1--THE OVERVIEW COURSE:

The revision of the first course in the Alcohol and Substance Abuse sequence, An Overview of Substance Abuse, was a proven success based upon both a quantitative analysis as well as student and instructor

evaluation. The course was updated and revised from its previous form to include:

1) A solid introductory unit on Value Clarification, Definition of Substance Abuse Terms, A Student Personal Dependency Inventory, and a Study of Substance Abuse Theories and Paradigms.

2) A revised history unit was inserted in the new curriculum including special emphasis on devalued and disenfranchised populations.

3) A major modification was the total change of the Psychopharmacology Unit, including an emphasis on the biology of substance abuse, the etiology of the disease process, a section on the progression of drug effects on the body, as well as contrasting and comparing licit and illicit drugs.

4) The treatment section of the course

was amended to focus more strongly on assessment and early identification, rather than treatment approaches and strategies. Students were directed to the second course in the sequence, Individual and Family Treatment of Alcoholism and Substance Abuse, for more specific knowledge and skills related to the "how" of working with chemical abusers.

5) The prevention unit in the course was modified to offer more hands-on prevention type programs. Appendix # 6 is a set of five lesson plans that were developed for the New York State Educational Health Curriculum on Alcohol and Substance Abuse. A number of the lessons were actually field tested in the Overview Course this year.

6) The two required text books for the course were changed. The basic Overview text,

Drug Abuse: An Introduction (1989) by Howard Abidinsky, was selected by this writer after a thorough search of books and articles in the field. It represents I believe the most thorough and comprehensive overview of the field to this date. What is missing from the market and is sorely needed is a textbook that deals with Social Work Intervention in Alcoholism and Substance Abuse. David Grilly's Drugs and Human Behavior (1989) was chosen for its relative ease of digestion for the science phobic. It needs to be supplemented by a lecturer who can present the biological aspects of substance abuse simply and clearly.

A pre-post test was administered to students to measure their abilities at the beginning and at the end of the course. Appendix # 15 has been included in this work

so that others who teach in this field may utilize it in their course designs. It is keyed to include the correct answers to each question.

TABLE 19PRE TEST DATA (N=48)

<u>STUDENTS</u>	<u># WRONG</u>	<u>% GRADE</u>	<u>GRADE</u>	<u>%</u>	<u>CUM %</u>
1	6	88	B+	.02	.02
3	7	86	B	.06	.08
3	8	84	B	.06	.14
1	9	82	B-	.02	.17
2	11	78	C+	.04	.21
6	12	76	C	.13	.35
7	13	74	C	.15	.50
8	14	72	C-	.17	.67
5	15	70	C-	.10	.79
2	16	68	D+	.04	.81
1	18	64	D	.02	.83
4	19	62	D-	.08	.91
1	20	60	D-	.02	.93
2	21	58	F	.04	.97
1	22	56	F	.02	.99
1	27	46	F	.02	1.00
<u>48</u>				<u>100</u>	<u>100</u>

TABLE # 20
POST TEST DATA (N=41)

<u>STUDENTS</u>	<u># WRONG</u>	<u>% GRADE</u>	<u>GRADE</u>	<u>%</u>	<u>CUM %</u>
1	3	94	A	.02	.02
4	4	92	A-	.10	.12
8	5	90	A-	.17	.32
1	6	88	B+	.02	.34
6	7	86	B	.15	.50
4	8	84	B	.10	.62
1	9	82	B-	.05	.67
3	11	78	C+	.07	.70
2	12	76	C	.05	.75
2	13	74	C	.05	.80
2	14	72	C-	.05	.85
3	15	70	C-	.07	.92
1	16	68	D+	.02	.94
1	17	66	D	.02	.96
2	19	62	D-	.05	----
41				100	100

An analysis of the information contained in Tables 19 and 20 yields the following information and conclusions:

1) On the pre-test eight students (17%) received grades in the 80-88 percentile range, the grade of B; twenty-eight students (58%) received grades in the 70-78 range, the grade of C; eight students (17%) received grades in the 60-68 range; the grade of D; while three (6%) received grades below 60; the grade of F. On a graduate level only grades of B or better are considered passing. Only 17% of the cohort passed the test.

2) On the post-test thirteen of the students (32%) received grades in the 90's, (A's); twelve of the students (29%) received grades in the 80's, (B's); twelve received grades in the 70's, (29%), while four received

grades in the 60's, (10%), D's. On the post test some 61% passed the test.

3) At both the top and bottom of each of the frequency distributions it is clear that improvement has been made. In the pre-test there were no grades in the A category, while in the post test 32% of the cohort scored A's. While a combined 23% of the group in the pre-test scored grades of D or F, that number was reduced to 10% of the class, with no grades in the F category.

4) It is clear from a comparison of these statistics that students improved their performance between the first and the second test. The number of students passing the test went from eight to twenty-five, a great improvement. One can only judge from these statistics that students did learn,

particularly in areas that were consistent with the questions asked. While the curriculum was not programmed for students to learn the answers to the specific questions on the test, it is clear that the units of study in the course helped them learn more in specific knowledge areas.

5) Shortly after the post-test was administered this writer collaborated with two members of the community board to more deeply analyze each of the questions that students did poorly on in the pre-test. The procedure was to study any question on which more than 25% of the students had gotten a wrong answer. We further assigned a knowledge and a value label to each of the questions. Knowledge (K) was further broken into sub-categories. (Biological (B), General (G) and Practice (P))

Some knowledge questions might have more than one sub-category. Value labels (V) were apportioned a scale from (1-3), with the bottom starting at one. Appendix # 16 contains the survey on alcoholism and substance abuse (the pre-post test), with a determination of which questions were "significant" (missed by more than 25% of the class on pre test), a comparison of how students did on each of the significant question's on both tests, and finally each of the questions value and Knowledge category.

With the exception of a few questions, the group tested showed marked improvement on each of the questions between the pre and post test time periods. (In the majority of instances a 50% rate of improvement) It is clear to this author that the strong emphasis

placed on value clarification as well as on biological information in the course content led to the significant change in test results. Those few questions that had very little change in test results are ones that will need to be further evaluated for future use related to ambiguity or may in fact be areas that need to be concentrated on more fully in the curriculum.

INTERVENTION # 2: --FIRST YEAR POLICY PRACTICE COURSES:

To intervene where one has control is fairly simple; to attempt to intervene in areas of curriculum that involve control by others is quite complex. The second intervention in this study, therefore, required a great deal of time, thought, energy and political acumen on the part of this

participant observer. The model of negotiation that was utilized in this study, Gestalt Organizational Theory, was highly useful in making the introduction of chemical dependency curriculum into the first year of study successful.

Two evaluation tools were utilized in evaluating the success of the curriculum initiatives in this part of my intervention. The first was a simple lesson evaluation done by students one week after the actual lesson was delivered (Appendix # 12). It was developed by the Associate Dean of the School, Professor Angel Campos. The second evaluation tool was a set of separate debriefing meetings that were held with practice and policy faculty who were a part of this project.

Student's Evaluations:

Tables # 21, 22 and 23 indicate the results of the surveys that were given to students after the initiative. The Likert scales that were utilized each address the following statement: "In comparison with other classes I have had, this class was....."

TABLE 21
STUDENT'S EVALUATION OF THE
DIRECT PRACTICE SURVEY (N=78)

<u>USEFULNESS:</u>	<u>F</u>	<u>INTEREST</u>	<u>F</u>
Most Useless	1	Most Uninteresting	3
Quite Useless	3	Quite Uninteresting	3
Moderate Useless	0	Moderate Disinterest	0
Slightly Useful	3	Slight Disinterest	1
Neutral Use	1	Neutral Interest	1
Slight Utility	3	Slight Interest	1
Moderate Utility	11	Moderate Interest	18
Quite Useful	38	Quite Interesting	26
One of Most Useful	14	One of most Interesting	23
No Answer	4	No Answer	2
	78		78

TABLE 22
STUDENTS EVALUATION OF THE
POLICY CLASSES (N=65)

<u>USEFULNESS</u>	<u>F</u>	<u>INTEREST</u>	<u>F</u>
Most Useless	1	Most Uninteresting	0
Quite Useless	1	Quite Uninteresting	4
Moderate useless	1	Moderate Disinterest	0
Slightly useless	2	Slight Disinterest	0
Neutral	1	Neutral	2
Slight Utility	3	Slight Interest	13
Moderate Utility	16	Moderate Interest	13
Quite Useful	23	Quite Interesting	24
One of Most Useful	3	One of most Interesting	14
No Answer	3	No Answer	4
	65		65

TABLE 23
STUDENT EVALUATION OF THE
POLICY PRACTICE CLASSES (N=18)

<u>USEFULNESS</u>	<u>F</u>	<u>INTEREST</u>	<u>F</u>
Most Useless	0	Most Uninteresting	0
Quite Useless	0	Quite Uninteresting	0
Moderate Useless	0	Moderate Disinterest	0
Slightly Useless	0	Slight Disinterest	0
Neutral	0	Neutral	0
Slightly Useful	0	Slight Disinterest	0
Moderate Utility	1	Moderate Interest	1
Quite Useful	10	Quite Interesting	6
One of most Useful	4	One of most Interesting	9
No Response	3	No Response	2
	18		18

It is clear from the evaluations
that the majority of the students found the

input both useful and interesting. A sample of the written responses in the comments section of the evaluation are found below:

From Direct Practice Classes:

.....I appreciated the factual material. Very helpful.

.....I always enjoy a rousing discussion on alcohol and hearing every ones opinions.

.....The overview at the beginning was helpful in making one aware of the extent of the problem. It was interesting to see how we as social workers are trying to reach the same goals but come from many different perspectives.

.....The topic is interesting but was delivered in a laid back manner that could put the student to sleep.

.....I appreciated Mel's concept of alcoholism and treatment especially because my field experience utilizes the C.A.C. approach. I didn't care for the group experience.

.....Professor Goldstein is very dynamic. He presents material in a way that students must become involved.

.....The presentation expanded my knowledge of this vital topic.

.....I believe a comprehensive understanding of alcoholism and substance abuse is critical to all those perusing the social work profession.

.....A very good class that called into question assumptions about what a drug is, and how best to deal with drug abuse. It left me with questions about my own position towards this problem.

.....Class was very interesting, besides informative lecture, the group argument was stimulating and helped me clarify my own position on drugs.

.....I feel the lecture given would be useful as a course. In my opinion alcohol and substance abuse issues touch most aspects of treatment today. General knowledge should be mandatory.

.....The discussion was very helpful and will be useful in application with clients.

.....Excellent class. Very informative, interesting presentation. Thought breaking down into groups was very helpful.

.....The class instructor was attempting to teach in one class what would take several. It was too vague. I disagree with some of his methods.

.....I felt that Professor Goldstein was certainly knowledgeable and existed about the topic and conveyed the information in an entertaining way.

.....Relevant to what is happening in our society today. Very well presented. I enjoyed the session thoroughly.

.....I feel strongly that at least on required session about substance abuse should be part of the curriculum.

.....I think that the subject is interesting and useful, however the presentation was weak. I liked the class participation, but it was fairly obvious that Mr. Goldstein was just "filling in". More information could have been presented. What was presented seemed like "pie in the sky" rhetoric that was not fully developed.

.....I thoroughly enjoyed your class. I found it interesting, stimulating and educational. I also enjoyed the group interaction and the breakdown of time between lecture material, class interaction and work in groups. Thank you, for a most informative experience.

.....I found the class to be interesting although much of the material covered I have covered elsewhere.

.....Mr. Goldstein's approach was theoretically correct but I feel realistically invalid.

.....This class opened my eyes to different point of view on substance abuse and abusers.

From Policy Classes:

.....I found this class to be very useful in helping me to understand how different policies are developed. I felt that the format that was used was very unique and interesting.

.....It helped me to see the different perspectives of how policies are made.

.....Pretty good demonstration of the difficulties of creating useful social policy.

.....It was a good incorporation of small scale policy making to the national level.

.....Policy cannot be determined in one session. It seems to me that individual's have their own agenda and do not have an open mind when it comes to making policy.

.....Very interesting and informative. You should give this lesson in all policy classes.

.....Quite informative. Began to realize how indoctrinated we are to accept authority rather than questioning it.

.....I was glad to receive the information in a creative manner vs. just plain statistics.

.....I liked the class participation, but I would have liked to learn more about drugs and alcohol.

.....I thought this class was great. The role play made it very easy to see the analogy to the U.S. government. I know very little about alcoholism and substance abuse and would like more information about it.

.....It would have been better if we were asked to stay in character rather than being social workers ideal of an enlightened public.

.....I always enjoy group interaction. Thank you. Still I feel the class lacked a little in informative content about drug policy.

.....The format for group participation and the role playing of the council meeting was just great. I really enjoyed it. It was informative and helpful.

.....The format was fun and interesting, but I wish there had been more hard data and discussion pro and con of approach to substance abuse, particularly the issues of decriminalization and legalization.

.....The class was devoid of vital information on an important subject. Taking refuge in an imaginary scenario is a useless waste of time (play acting). I would have preferred the straight dope (you should excuse the expression) about alcoholism.

.....I had previously been against legalization of drugs and this session at least got me to thinking about other ways of thinking.

.....The subject was very important and interesting, yet not enough facts were given. I waited for the class yet was disappointed. I simply wanted to know more. In only one class, knowledge and information are more important than class dynamics.

.....I would have liked to have more factual information about decriminalization and legalization.

From Policy Practice Classes:

.....What I enjoyed most was the activity in which we choose sides and tried to argue for our own position. It helped me think through issues, and really listen to other sides. Also enjoyed the lecture related to use, abuse, experimentation and addiction.

.....This was a very interesting and useful class, however, I would have enjoyed it more and felt more connected to it had I had previous notification of it happening.

.....There is a definite need for more course material pertaining to substance abuse. As a PAR student I would have liked this subject matter to be a mandated course.

.....A useful class in regard to the field of drug and alcohol.

.....It is always a numbing experience when I realize I know nothing about a subject, when I think I know so much. Thank you for coming, I enjoy growth.

.....The issues of drug addiction and alcoholism are seldom discussed in the PAR program. More than being a nice change of pace the class was useful and important.

.....I enjoyed this class although it was redundant because I'm taking the Overview course this semester with Professor Goldstein.

.....Great to be participating and hearing others arguments.

.....Good learning technique. Well presented.

FACULTY EVALUATION:

In preparing for the faculty debriefing sessions this writer formulated the following questions to act as a guide for discussion and evaluation:

1. What are some of your general or free flowing thoughts and feelings about the

initiative I undertook in your first year classes?

2. What feedback can you give me on the lesson I presented?

3. Was there any follow-up from the class I presented either in students' bringing up alcohol or substance abuse issue in class or in your weaving the materials into your presentations?

4. Do you feel there is any significance to having the specialization in the school?

5. What do you see as follow-up for the future?

Below the reader will find a summary of some of the points that emerged from each of the meetings.

Practice Faculty:

The general impression was that the initiative raised both the consciousness of the faculty as well as that of the students. Since students often have case loads in the field that contain anywhere between 50-75% of their clients who have been touched by substance abuse, it was the consensus that this type of initiative needs to happen in the first semester of the first year of the practice sequence.

My colleagues were impressed by the way in which I had organized the material and felt the lesson went well. A plea was made for more attention to be paid to the assessment of alcohol and substance abuse and more materials on engagement of clients in the treatment process. Given the limitations of my

time in the class an appeal was made for more materials in writing that faculty could use in follow-up classes in these areas.

Students in some of the classes became more sensitized to the issues of alcohol and substance abuse throughout the year as a result of this initiative. Since practice classes are together for a full year there were many opportunities for case presentations as well as a general interest in the field of chemical dependency in classrooms including eating disorders, adult children of substance abusers, the cessation of smoking for clients, etc. A ripple effect occurred in the curriculum related to heightened consciousness that was produced by this initiative with concomitant greater attention being paid to chemical dependency. Fellow

teachers already felt that our school does have heightened awareness of these issues by dint of having the specialization; however, the initiative was a further "plus". In the past faculty could rely on the former director or myself for a specific visit or lecture, but as a result of the initiative they became more involved themselves. One faculty member commented on how the specialization is very connected to our mission. Another commented on the connection between Employee Assistance programs and alcoholism and substance abuse and the preparation of future social workers skilled for such work our curriculum and specialization is providing.

There was agreement that the faculty would like to see the initiative continue. Many invited me back next year. Further the

notion of team teaching and sharing each other's expertise was raised as well.

POLICY FACULTY:

A number of the policy faculty felt that they had already developed an awareness of alcoholism and substance abuse based on working closely with my predecessor or myself over the years. Others, the majority, felt that the initiative raised their consciousness. There was a feeling that in the future there needed to be a more structured commitment to looking at drug policy as a vital issue in American social welfare policy. Along the notion that people teach from what they know, a number of faculty members felt that the initiative helped them to read some of the articles I had provided for them in preparation for the class.

Since I had visited all of their classes with the policy simulation, a very lively discussion had taken place around evaluating the program. The group felt that the "event" went very well, that it was exiting and captured student's interest. There was an excellent critical analysis of the intervention from the standpoint of:

a) needing more time to process the simulation,

b) needing more time for the presentation of hard specific data and knowledge related to chemical dependency policy in the United States, and

c) more time in planning and integrating the curriculum from a critical analytical prospective.

The notion of integrating the topic into

the framework of the course; i.e. looking at substance abuse policy in the context of the political economy, was raised and discussed. For example, showing how agencies are organized around narrow turf boundaries, how funding is connected to power and control, etc.

There was a plea for an increase in time and attention being paid to my meeting with the staff to organize this section of the curriculum. Along with this notion the issue of team teaching was raised and discussed. The entire group felt that we had gotten a foot into the door with a rather "quick and dirty" intervention, but the work of real integration required just that,..... more work!

Concluding Statements:

On balance my evaluation of this initiative is quite positive. An important beginning was made in raising faculty's consciousness, in experimenting with an addition to curriculum in the first year of graduate training and in meeting a legitimate student need. Time and energy will need to be devoted to follow up this enterprise in the future.

INTERVENTION # 3--SPECIALIZATION SEMINAR:

The experience with the seminar last year pointed out and reinforced its value in the specialization curriculum. Further, the seminar can be utilized not only as an enrichment and political tool, but can be utilized as well to fill perceived deficits in students' knowledge base.

INTERVENTION # 4--THE COMMUNITY COMMITTEE:

It is clear to this writer that my agency and community organization experiences have been important in developing and reinforcing this initiative. Social action in the form of networking, dialogue with providers and political activity has strengthened the ties that exist between the school and the field. The notion of "town and gown" as cooperative entities rather than as objects of suspicion and competition drove this intervention.

The feedback from faculty, agency personnel, and public officials has been quite positive about the committee and the work it does. Involvement of people in our work has been outstanding. Clearly the community committee will continue, perhaps expand. It certainly is a force that will support further

innovations in the field of chemical dependency.

SOME FINAL THOUGHTS ON THIS PROJECT:

Often in an enterprise of this magnitude, what was figure contained a great deal of grounded material that this investigator was unaware of. An image I kept in mind related to the metaphor of an iceberg. It was quite helpful and reassuring at times to understand that a great deal of what I might learn in fact lay "under the surface of the water." Some of what appeared to be a given at the outset became changed and transformed as the project moved forward; new information and knowledge emerged, new assumptions were made about students, about systems and about curriculum: and as a result, initiatives I did were in a field of constant change.

What remained constant was a commitment to raise faculty and student consciousness about alcohol and substance abuse in our society! At SUNY Stony Brook's School of Social Welfare I believe this intervention succeeded in its aim. Further implementation plans, fine tuning of the learning gained in this project and new learning in this field are areas to be explored in the future.

AN EPILOGUE:

"He could have cooked his rice much
sooner.
It is too clear and so it is hard to
see.
A dunce once searched for a fire with a
lighted lantern.
Had he known what fire was".

Mu-Mon, The Gateless Gate

The search for an appropriate curriculum in the field of chemical dependency is as clear and yet as paradoxical as the Zen Master's saying. On one hand, the statistics of client hardship seem to point in the direction of the development of further curriculum initiatives in Schools of Social Work toward training students more thoroughly in this field; on the other, the historical facts point to the absence of such enterprises.

What is needed at first is the energy and commitment on the part of social work

educators to see their failure in addressing the problem of training students in alcohol and substance abuse studies historically. The experience has been to look at substance abusers as "difficult" and "resistant" clients, to over utilize the psycho-social and psycho-dynamic explanations of chemical dependency and to basically either ignore or mute the needs students have for specialized training in this field. The rationalization that the curriculum is already full, or that the learners will get the information in post graduate study simply is insufficient given the magnitude of the hardship and grief that awaits the beginning practitioner who is not tuned into the specifics of chemical dependency. The "Gestalt" of the problem is that we as a profession along with other care

providers have long neglected the "drunks" and "junkies" in our society. The reasons behind this evasion are rather complex, somewhat incomplete and must be found beyond the scope of this work. It is this authors contention that a beginning, nonetheless, must be initiated in all educational institutions that train students!

Once a specific school has taken stock of its own faculty resources the strategy of initiating a curriculum change can flow from the model I have demonstrated in this work. The institutional politics of a specific faculty and administration must first be taken into account, then a specific developmental program can be put into operation. Each step in the process of developing the curriculum needs to be driven by both the rational,

directed approach of classical organizational theory, as well as the sensate, creative approach that springs from gestalt organizational theory. Alcoholism and Substance Abuse prevention and treatment has long suffered from the limitations of rigid and orthodox prescriptions; curriculum that teaches about chemical dependency, must not!

For some schools a start might take the form of developing a solid two course sequence in the field of chemical dependency as an elective sequence; for others a solid attempt might be made toward integrating materials on substance abuse into policy, practice, research and human behavior courses; for still others a specialization in the field might be initiated. What is clear to this writer is that each system must evolve its own curriculum according to its own internal

dynamic and gestalt.

In sum, it is my hope that this work has provided some light; perhaps some heat as well.

APPENDICES

- # 1 An Annotated Bibliography on Alcohol
 and Substance Abuse.
- # 2 Survey on Alcoholism and Substance
 Abuse. (Pre-Test)
- # 3 Survey on Alcoholism and Substance
 Abuse. (Post-Test)
- # 4 An Overview of Substance Abuse--
 (Course Outline--Fall 1989).
- # 5 The Dependency Check List.
- # 6 Selected Lesson Outlines.
- # 7 Requirements for Specialization in
 Alcohol and Substance Abuse.
- # 8 Practice Simulation.
- # 9 Policy Simulation.

(Appendices--Continued)

- # 10 Continuing Education Bulletin.
- # 11 Alcohol and Substance Abuse --
Conference Program.
- # 12 Lesson Evaluation Form.
- # 13 Community Committee.
- # 14 Sample Committee Agenda.
- # 15 Survey and Key.
- # 16 Questions and Test Results.

APPENDIX # 1 (Bibliography)

SUNY STONYBROOKSchool of Social WelfareAn Annotated Bibliography on Alcohol and Substance Abuse

Prepared by: Mel L. Goldstein

This listing is intended to give both faculty and students a basic collection of readings in the field of alcohol and substance abuse. Where possible I have attempted to indicate whether the reading is of a general nature or whether it is practice or policy specific.

Basic Materials:

Ackerman, Robert J., (1983). Children of Alcoholics, 2nd Ed., New York. Simon & Schuster.

An excellent basic primer in this field. Designed for parents, educators and therapists. I particularly like the appendix section of the book that lists a variety of resources, media and materials and bibliography in this field.

Practice.

Abadinsky, Howard, (1989). Drug Abuse, An Introduction. Chicago. Nelson Hall.

A new book which has been adopted as one of the texts for HWC-543. An Overview of Substance Abuse. Covers the field with a wide brush from history, to policy, to treatment. Excellent chapters on Pharmacology, Law Enforcement and Policy & Politics. If I had to suggest one book this would be it.

General/Policy/Practice.

Bretter, Thomas E., Forrest, Gary G. (1985). Alcoholism and Substance Abuse, Strategies for Clinical Intervention. New York. The Free Press.

An excellent Practice text. used as a resource for both HWC-543 and HWC-545. Covers etiology, Assessment, and Treatment of Alcoholism and Substance Abuse in a thorough manner. The contributors to this volume are well known in their fields of expertise and have written solid chapters well grounded in the literature with ample references.

Practice.

Brecher, Edward M. and the Editors of Consumer Reports. (1972). Legal and Illicit Drugs. Boston. Little. Brown & Company.

This volume has stood the test of time. The policy initiatives in the volume, while they need to be updated, still offer some challenges today. The history chapters are thorough and well written, as are the ones on the specific chemicals of abuse. I particularly like the chapters on Caffeine, Nicotine and Alcohol. Used as a reference for HWC-548.

General

Brisbane, Frances. L. and Wells, Reginald, G. "Treatment and Prevention of Alcoholism Among Blacks", in Watts, T.D. and Wright, R. Jr., Alcoholism in Minority Populations, Springfield, Illinois, Charles Thomas, 1939, pp. 33-51.

What can I say! An excellent chapter in a very fine book about working with minority alcohol abusers and alcoholics. A required reading in HWC-548.

General.

Brisbane, Frances. L. and Womble, Maxine, eds. (1985). Treatment of Black Alcoholics. New York, Haworth Press.

An excellent collection of chapters that is treatment specific. The editors have chosen widely and well in this anthology.

Practice

Brisbane, Francis. L. "Alcohol Problems and Black Youth". Adolescent Counselor, Apr/May 1989.

Dr. Brisbane points to the need of a "global agenda" in the design of treatment and prevention programs for black youth, their families and their communities. The article has strong policy implications that are very congruent with the mission of the school.

Policy

Grilly, David M., (1989). Drugs and Human Behavior. Boston, Allyn and Bacon.

A new book with a strong psychopharmacology perspective. All you want to know about pharmacokinetics, Neurotransmission, Tolerance and Dependence. Solid chapters on each of the chemicals of abuse as well as antagonists and antipsychotics. Not for the science phobic. Has been adopted as a required text for HWC-548.

General.

Inciardi, James A. ed., "American Drug Policy and the Legalization Debate". American Behavioral Scientist, Vol 32 (3), Jan/Feb. 1989.

A special issue of the Journal available through Sage Publications. Deals solidly with issues related to Drug Policy reform, Legalization and so called "wars on drugs". Some of the more notable figures in the field present their arguments.

Policy.

Lettieri, Dan J. ed., "Research Strategies in Alcoholism Treatment Assessment". Drugs and Society, Vol. 2 (2), 1987/88.

A solid collection of articles in a special edition of this journal devoted to research methodology. The editor points to the need for an increased use of control groups, random assignments of clients to treatment, use of multiple criteria of treatment success and the need for greater scientific scrutiny of the follow up methods that are employed in substance abuse research. Available from the Haworth Press as a special Edition.

General/Research.

Lawson, Gary, Peterson, James S., and Lawson, Ann, (1983) Alcoholism and the Family, A Guide to Treatment and Prevention, Rockville, Md., Aspen Publications.

This is a book that we have used in both the HWC-545, Treatment of Alcoholism and Substance Abuse Course as well as the undergraduate Children of Alcoholics Course. Top notch sections of the book deal with the background of the problem, etiology, treatment and prevention. The strong family orientation of the book as well as the flexible way in which treatment is addressed make it a winner.

Practice.

Lawson, Gary W. and Lawson, Ann W., eds. Alcoholism and Substance Abuse in Special Populations. (1989) Rockville Md., Aspen Publications.

A wonderful collection of chapters dealing with special populations. Included are Gay & Lesbian, Women, Mentally Ill Chemical Abusers (MICA), Disabled, Elderly, Native Americans, Hispanics, Blacks, Adolescents, Adult Children and Physicians. The chapters are generally well written and offer excellent bibliographies in the fields of interest cited. Recommended as a source for masters projects in these specific topic areas.

General.

Lewis, Judith A., Dana, Robert Q. and Blavins, Gregory A., (1988), Substance Abuse Counseling. An Individualized Approach, Pacific Grove, Ca., Brooks/Cole.

A very solid book. Will be adopted for the Treatment Course. I am particularly fond of Chapters 3 & 4 which deal with assessment and counseling. Strong chapters on relapse prevention, prevention of substance abuse and program planning and evaluation are also detailed in the book.

General/practice/policy.

Segal, Bernard, ed., "Perspectives on Drug Use in the United States", Drugs and Society, Vol 1 (1), 1986. Published by Haworth Press, N.Y.

A solid collection of articles in this anthology deal with history, theories and models and special populations. I particularly like the articles entitled, "Perspectives on Drug Use in the United States", "Who are the Drug Users", and "The Deviance Model of Drug-Taking Behavior: A Critique". The policy implications of all of the articles make for interesting discussions and perhaps debates.

Policy/General.

Szasz, Thomas. (1985). Ceremonial Chemistry. The Ritual Persecution of Drugs, Addicts and Pushers. Revised Edition, Holmes Beach, Fl., Learning Publications Inc.

No bibliography would be complete without this one. Challenges the conventional wisdom of both policy and practice in the field of alcoholism and substance abuse. The author's arguments are as always provocative.

(Policy/General)

APPENDIX # 2 (Pre-Test)

INSTRUCTION PAGESTATE UNIVERSITY OF NEW YORK
SCHOOL OF SOCIAL WELFARESURVEY ON ALCOHOLISM AND SUBSTANCE ABUSEINSTRUCTIONS:

Thank you for your willingness to participate in this survey on alcoholism and substance abuse. This questionnaire has two parts.

Part I is a personal and family history.

Part II measures how much you know about the field of alcoholism and substance abuse.

The purpose of this study is to gather information to "fine tune" our curriculum in alcoholism and substance abuse. It includes students who elect to take the "Substance Abuse Specialization", and others in both concentrations, Direct Practice, (D.P.) and Policy, Administration and Research, (P.A.R.) who also will benefit from faculty input in the field of substance abuse.

This survey is aimed at my learning from you, the consumer of education, how and what we need to teach you better.

Responses to this survey will be coded and treated confidentially.

Participants who request it will be sent a summary of the results of the data.

This instrument should take no more than 1 hour to complete and is self administered. There is a monitor in the room should you need to ask questions.

Once again, thank you for your cooperation and assistance.

Mal L. Goldstein
Assistant Professor
Coordinator,
Substance Abuse Specialization

<u>Child's Gender</u>	<u>Age</u>	<u>Where is child currently living</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Substance Abuse Survey--page 2)

10. Occupations and Careers:

A. I now work at: _____

B. Last year, I worked at: _____

C. 2-5 years ago, I worked at (List most significant)

11. Stony Brook Concentration: (circle)

D.P.	P.A.R.	BOTH	UNDECIDED
(1)	(2)	(3)	(4)

12. In my studies at Stony Brook: (check one)

1. I plan to specialize in substance abuse _____ (1)

2. I plan not to specialize in substance abuse _____ (2)

3. I am undecided at this time _____ (3)

13. Prior to SUNY STONY BROOK I took the following alcoholism and drug abuse related courses and workshops: (list)

14. I have taken the following Alcoholism and Substance Abuse Courses at the School of Social Welfare:

(Substance Abuse Survey--page3)

15. SUBSTANCE ABUSE HISTORY: (Check or list most important items--OMIT questions that do not apply to you).

A. I consider my own substance abuse history to be described as:

experimental _____ (1)
 user _____ (2)
 abuser _____ (3)
 addictive _____ (4)
 none at all _____ (5)

(if answer is none at all skip to page 5)

B. My primary drug of choice was (Check one)

alcohol _____	Heroin _____	Cocaine _____
(1)	(2)	(3)
Amphetamines _____	Marijuana _____	Barbituates _____
(4)	(5)	(6)
Other (List) _____		None at all _____
(7)		(8)

C. My secondary drug of choice was: (Choose 1, please include tobacco)

D. I also used: (list others)

E. I began using drugs at age _____

F. My heaviest use was at age _____

G. Did you ever feel you needed help to eliminate or reduce your use of drugs?

YES _____
 (1)

NO _____
 (2)

(Substance Abuse Survey--page 4)

H. The primary recovery method I used was:

- Therapeutic Community (T.C.) _____ (1)
 Detox Unit _____ (2)
 Day Treatment Center _____ (3)
 A.A. or N.A. (specify) _____ (4)
 Agency Based Therapy _____ (5)
 Private Therapy _____ (6)
 Other (list) _____ (7)
 None at all _____ (8)

I. I also used: (List in Rank Order of importance to you--
 Most important last)

J. I currently attend the following (Rank order from 1-8, with
 one (1) being most important.

- A.A. _____ N.A. _____ A.C.O.A. Gp _____
 (1) (2) (3)
 Al-Anon _____ 1-1 Therapy _____ Family Therapy _____
 (4) (5) (6)
 Co-Dependency Gp _____ Other (List) _____
 (7) (8)

K. The most important aspect in recovery is:

(substance abuse survey--page 5)

Family History

1. What is your current pattern of substance use and that of your partner. (if living with someone)

(circle)	<u>self</u>	<u>Partner</u>
non-user	1	1
Experimenter	2	2
User	3	3
Abuser	4	4
Addicted	5	5
Not living with someone		6

2. Generally, how would you characterize the drinking and drug behavior of your closest friend?

non-user	1
Experimenter	2
Users	3
Abusers	4
Addicted	5
Don't Know	6

3. Below is a chart designed to list members of your family who used drugs. (licit and illicit)

<u>Family Member</u>	<u>Age when drugs heaviest</u>	<u>List Drugs Used</u>
Mothers Father	_____	_____
Mothers Mother	_____	_____
Fathers Father	_____	_____
Fathers Mother	_____	_____
Your Father	_____	_____
Your Mother	_____	_____
Your Children (List in birth order from oldest to youngest)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(substance abuse survey--page 6)

4. I learned most of the information I know about substance abuse from the following sources - (Rank order with 1 being highest number)

my own use	_____
	(1)
my father's use	_____
	(2)
my mother's use	_____
	(3)
my sibling's use	_____
	(4)
my own recovery	_____
	(5)
(other) list	_____
	(6)

5. I also learned about substance abuse from - (Rank order with 1 being highest)

T.V. program and Tabloids	_____
	(1)
Popular magazines & tabloids	_____
	(2)
Professional Journals & Magazines	_____
	(3)
Books	_____
	(4)
Seminars & Workshops	_____
	(5)
(other) - List	_____
	(6)

(substance abuse survey--page 7)

6. I have learned about substance abuse through the following sources as well. (Rank order again)

N.A. or A.A. attendance	_____
	(1)
Alanon or Alateen	_____
	(2)
Individual Therapy	_____
	(3)
Family Therapy	_____
	(4)
Rehabilitation - Inpatient Care	_____
	(5)
Other (list)	_____
	(6)

7. During my 1st year at Stony Brook School of Social Welfare abuse was mentioned and discussed in Practice and Policy classes.

not at all	_____
	(1)
once during entire year	_____
	(2)
2-7 times during year	_____
	(3)
4-6 times during year	_____
	(4)
seven or more times	_____
(list #)	(5)

(substance abuse survey—page 8)

8. I think the attention paid to substance use and abuse in practice and policy classes is - (choose 1)

overly emphasized

(1)

sufficient

(2)

balanced

(3)

insufficient

(4)

grossly insufficient

(5)

other (explain)

SURVEY ON ALCOHOLISM AND SUBSTANCE ABUSEPART II:

This part is a tool for us to evaluate the knowledge base you have in the fields of alcoholism and substance abuse.

Please take your time to read each question and all of the possible choices before answering. There is only One response to each question, so circle the best answer. Thank you.

Multiple Choice: (circle only one)

1. The most commonly abused drug in the United States is:
 - a) marijuana
 - b) cocaine
 - c) alcohol
 - d) heroin
2. Which of these is not a narcotic?
 - a) heroin
 - b) marijuana
 - c) morphine
 - d) methadone
3. Alcohol can be described as each of the following except:
 - a) sedative/irritant
 - b) stimulant
 - c) addicting
 - d) mind altering
4. What is the most unpredictable drug in the street today?
 - a) PCP
 - b) heroin
 - c) LSD
 - d) alcohol
5. Which of the following is not a stimulant?
 - a) amphetamine
 - b) caffeine
 - c) methaqualone
 - d) methamphetamine
6. What sobers up a drunk person?
 - a) a cold shower
 - b) black coffee
 - c) time
 - d) tomato juice & tabasco sauce

(Substance Abuse Survey -- Part II, page 2)

7. How long does marijuana stay in the body after smoking?
 - a) 1 day
 - b) 12 hours
 - c) up to one month
 - d) one hour
8. Which drug does not cause physical dependence?
 - a) alcohol
 - b) secobarbital
 - c) codeine
 - d) peyote
9. Defense mechanisms like denial, rationalization and projection are:
 - a) healthy coping tools
 - b) used by alcoholics
 - c) unconscious means of protection
 - d) irreversible behavior
10. Medical help for drug problems is available without legal penalties:
 - a) if patient is under 21
 - b) under the protection of federal law
 - c) in certain states
 - d) if the person is not a predicate felon
11. Which of the following poses the highest immediate risk to users?
 - a) inhalants
 - b) marijuana
 - c) alcohol
 - d) nicotine
12. Members of substance abusing families assume roles that are:
 - a) consciously planned
 - b) easy
 - c) adaptive
 - d) all of the above
13. Most drug users make their first contact with illicit drugs:
 - a) through pushers
 - b) through friends
 - c) accidentally
 - d) through family members

(Substance Abuse Survey, Part II -- page 3)

14. Which of the following poses the greatest health hazard to the most people in the United States?

- a) cigarettes
- b) "crack"
- c) heroin
- d) caffeine

15. Stopping drugs before it starts is called?

- a) prevention
- b) withdrawal
- c) tolerance
- d) education

16. What makes marijuana especially harmful today?

- a) it is much stronger
- b) it could affect physical and mental development
- c) younger kids are using it
- d) all of these

17. The use of drugs during pregnancy:

- a) should be limited to tobacco and alcohol
- b) may be harmful to the unborn child
- c) should cease at 26 weeks
- d) all of the above

18. Membership in Alcoholics Anonymous requires:

- a) a desire to stop drinking
- b) sobriety
- c) abstinence from other drug use
- d) all of the above

19. When does a person become hooked on heroin?

- a) the first time
- b) after four or five times
- c) 20 times or more
- d) different for each person

20. The responsibilities of the substance abuse worker include:

- a) continuing education and training
- b) use of supervision
- c) ensuring client recovery
- d) a and b
- e) all of the above

(Substance Abuse Survey, Part II -- page 4)

True or False: (Circle one)

1. T F "Enabling" as used in substance abuse treatment refers to the process of helping people to recover.
2. T F A substance abuser who has relapsed more than four times may usually be regarded as untreatable.
3. T F An alcoholic with over ten years of sobriety may safely take an occasional drink.
4. T F The suicidal rate among substance abusers is markedly higher than that of the general population.
5. T F "Relapse" can best be described as the moment when a substance abuser breaks abstinence and uses a drug.
6. T F Research has failed to establish any specific genetic, environmental, social, or personality factors as the cause of alcoholism.
7. T F The ability to confine substance use to weekends suggests that a person is probably not an alcoholic or substance abuser.
8. T F Substance abuse should be considered a symptom of an underlying personality or mental disorder, as opposed to a disease per se.
9. T F A substance abuser must hit bottom before he/she can begin the recovery process.
10. T F Tranquilizing drugs, such as librium or valium, are often valuable in maintaining the recovering substance abuser through his/her first year or so of abstinence.
11. T F Cross-dependency (or "cross addiction") to other sedative or tranquilizing drugs in the alcoholic may begin iatrogenically.
12. T F The incidence of alcoholism and drug dependence is lower among physicians than the general population.
13. T F Each substance abuse agency should have a single treatment plan for all of its clients to follow.
14. T F The drug disulfiram (Antabuse) has proven to be a dangerous and unsatisfactory treatment modality for alcoholic persons.

(Substance Abuse Survey, Part II -- page 5)

15. T F The first step in psychotherapy with a substance abuser is determining the underlying causes for his/her drug behavior.
16. T F Professionals are often wise to advise the spouse of a substance abuser to consider precipitating a crisis, often by separation from the unmotivated drug active spouse, after lesser measures have failed.
17. T F Coming from a family background of teetotalism is relative assurance that one will not become addicted to drugs.
18. T F Using drugs is more dangerous for young people than adults.
19. T F Alcoholics Anonymous has been more effective than psychiatric treatment in helping alcoholics to recover.
20. T F Involuntary treatment of an unmotivated substance abuser has been shown to be effective in many cases.

Thank you for completing this survey.

Please list the last 4 digits of your social security number below:

Appendix # 3

INSTRUCTION PAGESTATE UNIVERSITY OF NEW YORK
SCHOOL OF SOCIAL WELFARESURVEY ON ALCOHOLISM AND SUBSTANCE ABUSE--POST TESTINSTRUCTIONS:

Thank you for your willingness to finish this survey on alcoholism and substance abuse.

The completion of this post test questionnaire will further enable us to develop curriculum initiatives in the much neglected field of dealing with chemical dependency. Information that was gathered in the pre test you participated in has already provided the faculty with useful data toward curriculum revisions.

This survey has three parts.

Part I is a continuation of a personal and family history. Some of the questions have been changed to provide for greater clarity of data.

Part II measures any changes in learning that have taken place as a result of your studies.

Part III is a series of ten additional questions that have been added to the questionnaire since the pre test.

All of the data in this study will be analyzed on a group basis. Responses have been and will continue to be coded and treated confidentially.

Participants who request it will be sent a summary of the results of the data.

The instrument should take no more than 1 hour to complete and is self administered. There is a monitor in the room should you need to ask questions.

Once again, thank you for your cooperation and assistance.

Mel L. Goldstein
Assistant Professor
Chair,
Substance Abuse Specialization

STATE UNIVERSITY OF NEW YORK
School of Social Welfare

SURVEY ON ALCOHOLISM AND SUBSTANCE ABUSE

PART I: (FAMILY AND PERSONAL HISTORY)

1. List the Last Four (4) digits of your Social Security Number.
(For Coding Purposes)

2. Gender: (Circle) Male Female
 (1) (2)

3. Race: Black White Hispanic Native American
 (1) (2) (3) (4)

OTHER (List) _____
(S)

4. Religion: (List:) _____
5. Birth place (Country) of: _____
(Mother) (1) (Father) (2)
6. Your Age at last Birthday: _____
7. Marital Status: _____

married divorced separated widowed other _____
(1) (2) (3) (4) (5)

8. Family Composition:

Partners Age: (if living alone, list none) _____

Children: (Circle) None Total # of _____

9. Fill out if applicable:

<u>Child's Gender</u>	<u>Age</u>	<u>Where is child currently living</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Substance Abuse Survey--page 2)

10. Occupations and Careers:

- A. I now work at: _____
- B. Last year, I worked at: _____
- C. 2-5 years ago, I worked at (List most significant)

11. Stony Brook Concentration: (circle)

D.P.	P.A.R.	BOTH	UNDECIDED
(1)	(2)	(3)	(4)

12. In my studies at Stony Brook: (check one)

1. I specialized in substance abuse _____ (1)
2. I did not specialize in substance abuse _____ (2)

13. Prior to SUNY STONY BROOK I took the following alcoholism and drug abuse related courses and workshops: (list)

14. I have taken the following Alcoholism and Substance Abuse Courses at the School of Social Welfare:

(Substance Abuse Survey--page3)

13. SUBSTANCE ABUSE HISTORY: (Check or list most important items--OMIT questions that do not apply to you).

A. I consider my own substance abuse history to be described as:

experimental _____ (1)
 user _____ (2)
 abuser _____ (3)
 addictive _____ (4)
 none at all _____ (5)

(if answer is none at all skip to page 5)

B. My primary drug of choice was (Check one)

alcohol _____	Heroin _____	Cocaine _____
(1)	(2)	(3)
Amphetamines _____	Marijuana _____	Barbiturates _____
(4)	(5)	(6)

Other (List) _____ None at all _____
 (7) (8)

C. My secondary drug of choice was: (Choose 1, please include tobacco)

D. I also used: (list others)

E. I began using drugs at age _____

F. My heaviest use was at age _____

G. Did you ever feel you needed help to eliminate or reduce your use of drugs?

YES _____
 (1)

NO _____
 (2)

(Substance Abuse Survey—page 4)

H. The primary recovery method I used was:

- Therapeutic Community (T.C.) _____ (1)
 Detox Unit _____ (2)
 Day Treatment Center _____ (3)
 A.A. or N.A. (specify) _____ (4)
 Agency Based Therapy _____ (5)
 Private Therapy _____ (6)
 Other (list) _____ (7)
 None at all _____ (8)

I. I also used: (List in Rank Order of importance to you—
Most important 1st)

J. I currently attend the following (Rank order from 1-8, with
one (1) being most important.

- A.A. _____ N.A. _____ A.C.O.A. Gp _____
 (1) _____ (2) _____ (3) _____
 Al-Anon _____ 1-1 Therapy _____ Family Therapy _____
 (4) _____ (5) _____ (6) _____
 Co-Dependency Gp _____ Other (List) _____
 (7) _____ (8) _____

K. The most important aspect in recovery is:

(substance abuse survey-page 5)

Family History

1. What is your current pattern of substance use and that of your partner. (if living with someone)

(circle)	<u>self</u>	<u>Partner</u>
non-user	1	1
Experimenter	2	2
User	3	3
Abuser	4	4
Addicted	5	5
Not Living with Someone		6

2. Generally, how would you characterize the drinking and drug behavior of your closest friend? (other than someone living with you)

non-user	1
Experimenter	2
User	3
Abuser	4
Addicted	5
Don't Know	6

3. Below are a group of questions designed to gather further family information from You. Please be as open as possible.

A. I consider myself to be a: (check all that apply)

An adult child of an alcoholic family system (ACOA) _____
 An adult child of a drug abusing family (illicit) _____
 A person in recovery from my own addiction/s-----
 An adult child of a dysfunctional family-----
 An adult child of a relatively functional family-----

B. Over the past four generations my families major problems were: (include your grandparents, parents, your generation and your children) Please List the person and put their problem in parentheses. (i.e., Father's Father (alcoholism))

(substance abuse survey--page 6)

4. I learned most of the information I know about substance abuse from the following sources - (Rank order with 1 being highest number)

my own use	_____
	(1)
my father's use	_____
	(2)
my mother's use	_____
	(3)
my sibling's use	_____
	(4)
my own recovery	_____
	(5)
(other) list	_____
	(6)

5. I also learned about substance abuse from - (Rank order with 1 being highest)

T.V. program and Tabloids	_____
	(1)
Popular magazines & tabloids	_____
	(2)
Professional Journals & Magazines	_____
	(3)
Books	_____
	(4)
Seminars & Workshops	_____
	(5)
(other) - List	_____
	(6)

(substance abuse survey--page 7)

6. I have learned about substance abuse through the following sources as well. (Rank order again)

N.A. or A.A. attendance	_____
	(1)
Alanon or Alateen	_____
	(2)
Individual Therapy	_____
	(3)
Family Therapy	_____
	(4)
Rehabilitation - Inpatient Care	_____
	(5)
Other (list)	_____
	(6)

7. During my 2nd year at Stony Brook School of Social Welfare substance abuse was mentioned and discussed in Practice and Policy classes.

not at all	_____
	(1)
once during entire year	_____
	(2)
2-7 times during year	_____
	(3)
4-6 times during year	_____
	(4)
seven or more times (list #)	_____
	(5)

(substance abuse survey--page 8)

8. I think the attention paid to substance use and abuse in practice and policy classes in the second year is: (choose one)

overly emphasized

(1)

sufficient

(2)

balanced

(3)

insufficient

(4)

grossly insufficient

(5)

other (explain)

SURVEY ON ALCOHOLISM AND SUBSTANCE ABUSEPART II:

This part is a tool for us to evaluate the knowledge base you have in the fields of alcoholism and substance abuse.

Please take your time to read each question and all of the possible choices before answering. There is only One response to each question, so circle the best answer. Thank you.

Multiple Choice: (circle only one)

1. The most commonly abused drug in the United States is:
 - a) marijuana
 - b) cocaine
 - c) alcohol
 - d) heroin
2. Which of these is not a narcotic?
 - a) heroin
 - b) marijuana
 - c) morphine
 - d) methadone
3. Alcohol can be described as each of the following except:
 - a) sedative/irritant
 - b) stimulant
 - c) addicting
 - d) mind altering
4. What is the most unpredictable drug in the street today?
 - a) PCP
 - b) heroin
 - c) LSD
 - d) alcohol
5. Which of the following is not a stimulant?
 - a) amphetamine
 - b) caffeine
 - c) methaqualone
 - d) methamphetamine
6. What sobers up a drunk person?
 - a) a cold shower
 - b) black coffee
 - c) time
 - d) tomato juice & tobasco sauce

(Substance Abuse Survey -- Part II, page 2

7. How long does marijuana stay in the body after smoking?
 - a) 1 day
 - b) 12 hours
 - c) up to one month
 - d) one hour
8. Which drug does not cause physical dependence?
 - a) alcohol
 - b) secobarbital
 - c) codeine
 - d) peyote
9. Defense mechanisms like denial, rationalization and projection are:
 - a) healthy coping tools
 - b) used by alcoholics
 - c) unconscious means of protection
 - d) irreversible behavior
10. Medical help for drug problems is available without legal penalties:
 - a) if patient is under 21
 - b) under the protection of federal law
 - c) in certain states
 - d) if the person is not a predicate felon
11. Which of the following poses the highest immediate risk to users?
 - a) inhalants
 - b) marijuana
 - c) alcohol
 - d) nicotine
12. Members of substance abusing families assume roles that are:
 - a) consciously planned
 - b) easy
 - c) adaptive
 - d) all of the above
13. Most drug users make their first contact with illicit drugs:
 - a) through pushers
 - b) through friends
 - c) accidentally
 - d) through family members

(Substance Abuse Survey, Part II -- page 3)

14. Which of the following poses the greatest health hazard to the most people in the United States?

- a) cigarettes
- b) "crack"
- c) heroin
- d) caffeine

15. Stopping drugs before it starts is called?

- a) prevention
- b) withdrawal
- c) tolerance
- d) education

16. What makes marijuana especially harmful today?

- a) it is much stronger
- b) it could affect physical and mental development
- c) younger kids are using it
- d) all of these

17. The use of drugs during pregnancy:

- a) should be limited to tobacco and alcohol
- b) may be harmful to the unborn child
- c) should cease at 26 weeks
- d) all of the above

18. Membership in Alcoholics Anonymous requires:

- a) a desire to stop drinking
- b) sobriety
- c) abstinence from other drug use
- d) all of the above

19. When does a person become hooked on heroin?

- a) the first time
- b) after four or five times
- c) 20 times or more
- d) different for each person

20. The responsibilities of the substance abuse worker include:

- a) continuing education and training
- b) use of supervision
- c) ensuring client recovery
- d) a and b
- e) all of the above

(Substance Abuse Survey, Part II -- page 4)

True or False: (Circle one)

1. T F "Enabling" as used in substance abuse treatment refers to the process of helping people to recover.
2. T F A substance abuser who has relapsed more than four times may usually be regarded as untreatable.
3. T F An alcoholic with over ten years of sobriety may safely take an occasional drink.
4. T F The suicidal rate among substance abusers is markedly higher than that of the general population.
5. T F "Relapse" can best be described as the moment when a substance abuser breaks abstinence and uses a drug.
6. T F Research has failed to establish any specific genetic, environmental, social, or personality factors as the cause of alcoholism.
7. T F The ability to confine substance use to weekends suggests that a person is probably not an alcoholic or substance abuser.
8. T F Substance abuse should be considered a symptom of an underlying personality or mental disorder, as opposed to a disease per se.
9. T F A substance abuser must hit bottom before he/she can begin the recovery process.
10. T F Tranquilizing drugs, such as librium or valium, are often valuable in maintaining the recovering substance abuser through his/her first year or so of abstinence.
11. T F Cross-dependency (or "cross addiction") to other sedative or tranquilizing drugs in the alcoholic may begin iatrogenically.
12. T F The incidence of alcoholism and drug dependence is lower among physicians than the general population.
13. T F Each substance abuse agency should have a single treatment plan for all of its clients to follow.
14. T F The drug disulfiram (Antabuse) has proven to be a dangerous and unsatisfactory treatment modality for alcoholic persons.

(Substance Abuse Survey, Part II — page 5)

- 15. T F The first step in psychotherapy with a substance abuser is determining the underlying causes for his/her drug behavior.
- 16. T F Professionals are often wise to advise the spouse of a substance abuser to consider precipitating a crisis, often by separation from the unmotivated drug active spouse, after lesser measures have failed.
- 17. T F Coming from a family background of teetotalism is relative assurance that one will not become addicted to drugs.
- 18. T F Using drugs is more dangerous for young people than adults.
- 19. T F Alcoholics Anonymous has been more effective than psychiatric treatment in helping alcoholics to recover.
- 20. T F Involuntary treatment of an unmotivated substance abuser has been shown to be effective in many cases.

GO TO PART III

SURVEY ON ALCOHOLISM AND SUBSTANCE ABUSEPART III

This part is an additional tool to further assess your knowledge base in the field of alcoholism and substance abuse.

Again, take the time to read each question and all of the possible choices before answering. There is only one correct response to each question, so circle the best answer. Thank you.

Multiple Choice: (circle only one)

1. Drugs that produce sleep or stupor, and also relieve pain, are classified as:
 - a) Sedatives
 - b) Narcotics
 - c) Analgesics
 - d) Tranquilizers
2. Which disease are addicts most likely to get from using unsterile hypodermic needles:
 - a) Skin Abscess
 - b) AIDS
 - c) Hepatitis
 - d) All of the Above
3. Which of the following combinations carries the greatest danger of causing death:
 - a) alcohol and aspirin
 - b) alcohol and marijuana
 - c) cocaine and heroin
 - d) alcohol and barbiturates
4. Among the following drugs, the most severe withdrawal effects result from addiction to:
 - a) marijuana
 - b) cocaine
 - c) heroin
 - d) barbiturates
5. The condition in which one must keep increasing the dosage to get the same effect is termed:
 - a) mainlining
 - b) habituation
 - c) tolerance
 - d) addiction

(substance abuse survey--Part III, pg. 2)

6. Intoxication is caused by the effect of alcohol on the:
 - a) brain
 - b) kidneys
 - c) liver
 - d) lungs
7. Drugs that relieve pain without affecting consciousness are
 - a) analgesics
 - b) anesthetics
 - c) psychedelics
 - d) amphetamines
8. When the combined action of two drugs is greater than the sum of each drug taken alone, the effect is called:
 - a) stasis
 - b) incompatibility
 - c) potentiation
 - d) addiction
9. "Crack" or "rock" is a smokable form of which drug:
 - a) cocaine
 - b) Heroin
 - c) PCP
 - d) Speed
10. Drug Dependence means:
 - a) You are addicted to a drug
 - b) You have a psychological need for a drug
 - c) either a or b
 - d) Both a & b must be present

Thank you completing this survey.

Please list the last 4 digits of your social security number below.

APPENDIX # 4 (Overview Course)

STATE UNIVERSITY OF NEW YORK School of Social Welfare

An Overview of Substance Abuse

H.W.C. 348/548--Fall 1989

Professor Mel L. Goldstein

I. Course Description:

This course is designed to heighten students' awareness of the substance abuse problem facing our nation today. While people have been experimenting with altered states of consciousness from the earliest civilizations, in today's technological society this activity has graduated from a tribal rite into a highly complex problem that touches on every institution in our culture.

Students taking this course will develop a base of knowledge concerning the pharmacology of drugs, including the different types of drugs and their physiological and psychological effects. An exploration of the social and historical context of substance use and abuse, as well as the social, medical and legal response to the usage will be included.

Areas of social service practice to be covered include the individuals dependency needs, tactics of prevention and an examination of the various treatment modalities.

Another important aspect of this course will focus on the socio-cultural component of substance abuse and alcoholism: values, attitudes and myths held about substance abuse, and the affect of and on the family concerning substance abuse. Special emphasis will be placed on the impact chemical dependency and alcoholism have played in keeping historically disadvantaged groups in our society enslaved.

An ecological approach to understanding and dealing with substance abuse will be focused upon through an examination of national and local policies, models of service delivery systems, an exploration of the "epidemic" vs. "endemic" nature of the problem, and an examination of a variety of prevention, intervention and treatment strategies.

It is expected that at the end of the course that students will have: (1) explored their own value and belief systems with regard to substance abuse and substance abusers; (2) have gained new information on the history of the problem in this society, with special emphasis on the role substances have played with disenfranchised groups; (3) have gained new information on the Psychopharmacology of a variety of illicit substances currently in use in our culture; (4) have looked at a comparison between licit and illicit substances of abuse in our society; (5) have gained some knowledge of comparative prevention, provision and treatment strategies that are now widely in use; and (6) have looked at the role of social policy in this field.

II. Course Objectives:

- (1) To help students analyze how social work knowledge and social work processes can be applied in working with substance abusers and their families.
- (2) To help students become familiar with the specialized knowledge needed to work in the field of substance abuse.
- (3) To give students an understanding of the broader political, legal and social issues that underlie public policy and funding in the chemical dependency field.
- (4) To allow students to explore a variety of etiological factors that are at the root of the studied problems in this course.
- (5) To enable social workers in training in their exploration of a number of the prevention and treatment models that are currently in use as strategies for intervention.
- (6) To develop in the learners a capacity to be critical when looking at the programs and policies that exist in the field of substance abuse and alcoholism.

III. Course Requirements:

Each student is required to hand in three (3) assignments for the course. Separate outlines for each of these papers will be distributed by the instructor.

The first assignment, due the fourth week of the semester will be a value/attitude assessment and essay. It is valued at 20% of the course grade.

The second assignment involves visits to substance abuse prevention and treatment programs and a critical analysis of these visits. (There will be a differential requirement for undergraduate and graduate students in this assignment). This assignment is valued at 20% of the course grade as well. It is due by the eighth week of the semester.

The final term paper will be due by the fourteenth week of the semester. It is worth 50% of the grade.

The remaining 10% of the grade will be evaluated through attendance and participation in class.

IV. Course Outline:

- A. Unit I Basic Elements in Understanding the "Problem" with Drugs and Drug Abuse.
(Sessions 1, 2, 3)
1. Introduction to the field.
 2. Psycho-social factors.
 3. Values, Attitudes & Beliefs.
 4. Basic Language & Definitions.
 5. Use, Abuse & Addiction.
- B. Unit II A Social and Historical Context for Understanding Substance Abuse in the United States. (Sessions 4, 5)
1. Stereotypes, perceptions, law.
 2. Early American drug use.
 3. The law--tobacco, alcohol et al.
 4. Current laws, policies & pblms.
- C. Unit III The Psychopharmacology of Abuse and Addiction: (Sessions 6, 7, 8)
1. Basic pharmacologic principles.
 2. Classification of psychoactive drugs.
 3. Narcotics and Antagonists.
 4. Methadone and other maintenance narcotic drugs.
 5. Alcohol: The most devastating drug.
 6. Marijuana: Heaven or Hell.
- D. Unit IV Understanding and Overcoming Substance Dependence: (Sessions 9, 10, 11, 12)
1. Alcoholism & Narcotics Addiction Compared & Contrasted.
 2. Treatment Models in Substance Abuse.
 3. Antagonists.
 4. Methods of Treatment-Advantages & Disadvantages.
 5. Settings for treatment.
 6. The Role of Social Workers.
 7. Self Help Groups.
- E. Unit V Prevention: (Sessions 13, 14)
1. Major Prevention Strategies.
 2. Alternatives to Drugs.
 3. Community Organization.
- F. Unit VI Course Evaluation: (Session 15)

4.

V. Bibliography and Assigned Readings

The bibliography will offer direction for your study of the course topics outlined in Section IV of this outline. Please notice that for every topic there are a number of required readings from the text and other sources, as well as supplementary readings. A number of the readings on this list are "classics" in the field and hence they are less contemporary than others.

REQUIRED TEXTS:

Abadinsky, Howard. Drug Abuse: An Introduction. Chicago. Nelson Hall, 1989.

Grilly, David M., Drugs and Human Behavior. Boston. Allyn & Bacon, 1989.

RECOMMENDED TEXTS:

Bratter, Thomas E., and Forrest, Gary G., Alcoholism and Substance Abuse: Strategies for Clinical Intervention. New York. The Free Press, 1985.

****Please Note:** I suggest that students who are specializing in the field purchase this book. It is used in both HWC-548 and HWC-545 as a resource text.

Brecher, Edward M. and The Editors of Consumer Reports. Licit and Illicit Drugs. Toronto. Little Brown & Company, 1972.

Deutch, Charles. Broken Bottles, Broken Dreams. New York. Teachers College Press, 1982.

Unit I: Basic Elements (Sessions 1, 2, 3)

Required Reading:

1. Abadinsky, Chapter 1.
2. Bratter & Forrest, Chapter 1.
3. Brecher, Chapters 1, 2, 3, 5.
4. Deutch--Read at Your Leisure.
5. Kreiter, M.S., "Fighting Drugs: A Look at the New Laws and Changed Attitudes", Current Health, April 1987, pp 12-15.
6. Segal, B., ed., "Perspectives on Person Environment Interaction and Drug Taking Behavior", Drugs and Society, Vol 2 (1), 1987. *****Note:** Read at least one article in this volume.
7. Stone, K., and Thompson, J.R., "Drug Testing: A National Controversy", Journal of Alcohol and Drug Education, Vol 34 (3), Spring 1989, (pp. 70-79).
8. Van Wormer, K., "Training Social Work Students for Practice with Substance Abusers: An Ecological Approach", Journal of Social Work Education, Vol 23 (2), 1987.

5.

Supplementary Readings: (Unit 1)

1. Atkin, C.R., Neuendorf, R., & McDermott, S., "The Role of Advertising in Excessive and Hazardous Drinking", Journal of Drug Education, 1983, 4, pp. 313-325.
2. Eisenman, R., Grossman, J.C., and Goldstein, M., "Undergraduate Marijuana Use as Related to Internal Sensations, Novelty Seeking and Openness to Experience", Journal of Clinical Psychology, 1980, 36, pp. 1013-1019.
3. Fawzy, F.I., Coombs, R.H., and Garber, B., "Generational Continuity in the Use of Substances: The Impact of Parental Substance Use on Adolescent Substance Use", Addictive Behaviors, 1983, 3, pp 109-114.
4. Kohn, P.M. & Smart, R.G., "The Impact of Television Advertising on Alcohol Consumption: An Experiment", Journal of Studies on Alcohol, 1984, 45 (4) pp. 295-301.
5. Kramer, T.H., Cancellieri, F.R., Ottomarcili, G., Modeli, J., Fine, J. & Sihari, B., "A Behavioral Measure of AIDS Information Seeking by Drug and Alcohol Inpatients", Journal of Substance Abuse Treatment, 1989, Vol 6, pp 83-85.
6. Sobell, M.B., & Sobell, L., "Conceptual Issues Regarding Goals in the Treatment of Alcohol Problems", Drugs And Society, Spring 1987, Vol 1 (2/3), pp 1-37.

Unit II. Social & Historical Context

(Sessions 4,5)

Required Reading:

1. Abadinsky, Chapters 2, 7, 8.
 2. Brecher, Chapters 6, 7, 8, 9, 10, 11.
 3. Blume, S.B., "Public Policy Issues Relevant to Children of Alcoholics", Advances in Alcohol and Substance Abuse, 1987, Vol 6 (4), pp 5-15.
 4. Inciardi, J.A., (1989), American Drug Policy and the Legalization Debate, Newbury Park, Ca., Sage Publications, Vol 32 (3), A Special Issue of The American Behavioral Scientist.
- ***NOTE: Read at Least Two of the Articles in this Volume.

Supplementary Reading: Unit II.

1. Bissell, L., French, & Jones, "The Alcoholic Social Worker", Social Work in Health Care, Vol 5 (4) pp 421-432.
2. Blum, K., Handbook of Abuseable Drugs, (1984), New York, Gardner Press, Chapter 1.
3. Musto, D.F., (1973), The American Disease, New Haven, Yale University Press.
4. Segal B., ed., "Perspectives of Drug Use in the United States", 1986, Vol 1 (1), A Special Issue of Drugs and Society.

6.

5. Segal, L., ed., "The Acquired Immunodeficiency Syndrome (AIDS) and Substance Abuse", Advances in Alcohol & Substance Abuse, 1987, Vol. 7 (2), New York, The Haworth Press.
6. Szasz, Thomas, (1985), Ceremonial Chemistry, Holmes Beach, FL, Learning Publications.
7. Taylor, J.R., "Controlled Drinking Studies: Methodological Issues", Drugs and Society, Vol 1 (2/3), 1987, pp 83-108.
8. Washton, A., & Gold, M.S., "Recent Trends in Cocaine Abuse: A View From the National Hotline, 800-COCAINE." Advances in Alcohol & Substance Abuse, New York, Haworth Press, Vol 6 (2), 1986, pp. 31-47.

Unit IIIPsychopharmacology

(Sessions 6, 7, 8)

Required Reading:

1. Abadinsky, Chapters 3 & 4.
 2. Blum, R., (1984), Handbook of Abusable Drugs, Chapters 2 & 3.
 3. Bratter & Forrest, Chapters 2, 3, 4, 5.
 4. Grilly, Chapters 1, 2, 3, 4, 5, 6.
- ***NOTE: Read any other chapters you have interest in.

Supplementary Reading:

1. Coles, C.D., Smith, I.E., & Falek, A., "Prenatal Alcohol Exposure & Infant Behavior: Immediate Effects & Implications for Later Development", Advances in Alcohol & Substance Abuse, Vol 6 (4), Summer 1987, pp. 87-104.
2. Hymes, D.J., "Marijuana Update: New Reasons to 'Keep Off the Grass'", Current Health, March 1987, pp. 18-21.
3. Jonas, J.H., & Gold, M.S., "Maltrexene Treatment of Bulimia: Clinical & Theoretical Findings Linking Eating Disorders and Substance Abuse", Advances in Alcohol & Substance Abuse, Vol 7 (1), 1987, pp. 29-37.
4. LeVee, J., "Cocaine: An American Epidemic?", Current Health, 2, November, 1986, pp. 3-8.
5. Segal, B., ed., "Alcoholism Etiology & Treatment, Issues for Theory & Practice", Vol 2 (3/4), 1988, Special Issue of Drugs & Society.
6. U.S. Dept. of Justice, (1983), Drugs of Abuse, Superintendent of Documents, Washington D.C., 20537.

Unit IV Understanding and Overcoming: (Sessions 9, 10, 11, 12)

Required Readings:

1. Abadinsky, Chapters 5 & 6.
2. Bratter & Forrest. Any You are interested in.
3. Brecher, Chapters 61, 64 & 65.
4. Babcock, M., & Corron, B., "Sexism and Treatment of the Female Alcoholic: A Review". Social Work, 26 (3), 1987 pp. 233-238.
5. Blume, S.B., "Women and Alcohol: A Review". Journal of the American Medical Association, Vol. 256 (11), Sept. 1986.
6. Brisbane, F.L. & Wells, R.L., "Treatment and Prevention of Alcoholism Among Blacks", in Watts, T.O & Wright, R. Jr., Alcoholism in Minority Populations, Springfield, Ill. Charles Thomas, 1989, pp 33-51.
7. Cernak, T.L. & Rosenfeld, A.A., "Therapeutic Considerations with Adult Children of Alcoholics". Advances in Alcohol & Substance Abuse, Vol. 6 (4), Summer 87, pp 17-32.
8. Lawson, G.W. & Lawson, A.W., (1989), Alcoholism & Substance Abuse in Special Populations, Rockville Md., Aspen Publications. ***Note: Read one chapter of your choosing.
9. Machel, D.E., "Alcoholics Anonymous: A Wonderful Medication with Some Possible Side Effects". Journal of Alcohol & Drug Education, Vol 34, (3), Spring 1989, pp. 80-84.
10. Siegler, M., & Osmond M., "Models of Addiction". The International Journal of the Addictions, Vol 3 (1), Spring, 1968.

Supplementary Readings:

Unit IV:

1. Brill, L., "Three Approaches to the Casework Treatment of Narcotic Addiction". Social Work, 10, April 1969, pp. 25-35.
2. Brisbane, F.L., "The Family Hero in Black Alcoholic Families". Journal of Alcohol and Drug Education, Vol 34, Spring 1989, pp. 29-37.
3. Brisbane, F.L., "Black Children of Alcoholic Parents. Why They Resist Treatment and How to Get Them Involved". Adolescent Counselor, Aug/Sept 1988, pp 30-47.
4. Brisbane, F.L., & Stuart, B.L., "The Black Female Alcoholic". New York Federation of Alcoholism Counselors Inc., NYFAC Newsletter, April/May 1989.
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Unit V

Prevention

(Sessions 13, 14)

Required Readings:

1. Brecher, Chapters 67, 68, 69 & 70.
2. Lewis, J.A., Dana, R.Q., & Blevens, G.A., (1988) Substance Abuse Counseling: An Individualized Approach, Pacific Grove, Ca., Brooks Cole. ***NOTE: Take a glance at this book, particularly those of you who are moving in to HWC-545.
3. Makaron, D.P., Weber, M.D. & Partz, M., "How Do School Based Prevention Programs Work and For Whom?", Drugs & Society, Vol. 2 (1-2), 1988, pp. 125-144.
4. Morgan, P., Wallach, L., & Buchanan, D., "aging Drug Wars: Prevention Strategies or Politics as Usual", Drugs and Society, Vol. 2 (1-2), 1988, pp. 99-124.

Supplementary Readings: (Unit V)

1. Fine & Bellinger, "Cultures of Drinking: A Work Place Perspective", Social Work, Vol. 27, (5) September 1982, pp. 416-440.
2. Flaherty, E.W., Kotrawski, L., & Fox, E., "Frequency of Heroin Use and Drug Users Life Style", American Journal of Drug and Alcohol Abuse, 10 (2), 1984, pp. 235-314.
3. Friedman, P.M., "Family Systems and Ecological Approach to Youthful Drug Abuse", Family Therapy, Vol. 2 (1), 1974, pp. 61-73.
4. Heyman, M.M., "Employment-Sponsored Programs for Problem Drinkers", Social Casework, 52, November, 1971.
5. Lettieri, D.J., "Research Strategies in Alcoholism Treatment Assessment", Vol. 2 (2), 1987/88, Drugs and Society, Special Issue.

APPENDIX # 5 (Check List)

THE "DEPENDENCY" CHECKLIST

INSTRUCTIONS

For each act that applies to you, put the number of as many reasons as seem appropriate next to the act. Try to remember your initial reasons (and include these) for doing the act, as well as your current reason (s). Even if some acts don't apply, you may fill in reasons if you can imagine yourself doing the act.

Feel free to add items to either side of the list.

When you have completed the checklist, circle three or four items that have at least six reasons assigned to them. These acts will be the ones you will use for examining their historical development in your life.

THE "DEPENDENCY" CHECKLIST

Acts	Reason
Smoking	1. Makes me feel good.
Drinking coffee/tea	2. Reduces tension.
Having a drink	3. Puts order in my life.
Watching a particular TV show	4. Gives me something that is uniquely mine.
Playing a musical instrument	5. Perks me up.
Making love	6. Calms me down.
Eating pastry on Sunday morning	7. Provides a change of pace.
Walking the dog	8. Gives me social acceptance.
Going to religious services	9. Gives me a sense of well-being.
Playing a sport	10. Makes me anxious if I don't do it.
Sunbathing	11. Makes me feel guilty if I don't do it.
Cooking dinner	12. Makes me feel "square" if I don't do it.
Being a parent	13. Makes me feel in control of my life.
Not being a parent	14. Usually I just have to do it--it is one of life's givens.
Having an after-dinner liqueur	
Taking a tranquilizer	
Taking vitamins	
Buying a house	
Having a savings account	
Paying each bill the day it comes in	
Not being late	
Buying clothes	
Grocery shopping	
Reading a book	
Having a routine	
Having a place for everything	

APPENDIX # 6 (Lesson Outlines)

MODULE 1: Drug Use and AbuseGoals

1. To understand why people use drugs from a holistic perspective.

Behavioral Objectives

- 1.1 To define "drug."
- 1.2 To define "substance abuse."
- 1.3 To list at least 5 biological, 5 psychological, and 5 social reasons why people use drugs.

Methodology

- ° Lecture
- ° Discussion
- ° Brainstorming
- ° Graphic Illustrations

Materials

Newsprint

Markers

Tape

Optional: Chalkboard

Chalk

Eraser

Time Frame

40 minutes

MODULE 1: Drug Use and Abuse

Introduction/Motivation

According to the U.S. Surgeon General and others, drug abuse is the number 1 health problem in the United States today.

Do you agree? Disagree? Why?

Learning Activities

1. Define "drug". "Any chemical substance that causes change - biologically, psychologically or socially."
2. Ask group to name a few drugs with which they are familiar.
3. Define "substance or drug abuse". Use of a chemical substance that causes impairment in the individual's functioning - biologically, psychologically or socially."
4. Mark headings on board or newsprint: "BIO", "PSYCHO", "SOCIAL". Students to complete worksheet on page 1 of the handbook.
5. Ask group to brainstorm at least 5 social factors that cause people to use drugs. Suggestions: peer pressure, family, money, values, laws. Ask group to be specific about how these factors cause drug use. Conclude by defining all these influences under the concept "social pressures".
6. Ask group to brainstorm at least 5 psychological factors that cause people to use drugs. Suggestions: depression, anger, low self-esteem, powerlessness. Ask group to be specific about how these factors cause drug use. Conclude by defining these factors under the concept "medication for feelings."
7. Ask group to brainstorm at least 5 biological factors that cause people to use drugs. Suggestions: pain, genetic predisposition, desire to lose weight (diet pills), desire to increase muscle mass (steroids). Ask group to be specific about how these factors cause drug use. Conclude by defining all these influences under the concept of "stress".
8. Conclude by stating that people use drugs for a wide variety of reasons. However, the hidden "costs", which will be covered in Module 2, lead the user on a downward spiral from drug use to drug abuse, often without the user recognizing it. For every reason that people give to engage in the health compromising use of drugs, there is a healthy alternative. These alternatives and skills for maintaining a health lifestyle will be covered in Models 3-5.

MODULE 2: Chemical Dependence and Addiction

Goals

1. To learn the complex interplay of biological, psychological and social effects of drug use on the individual.

Behavioral Objectives

- 2.1 To define "rebound."
- 2.2 To define "homeostasis."
- 2.3 To list at least 3 possible effects of rebound from use of a stimulant, "crack".
- 2.4 To list at least 3 possible effects of rebound from use of a depressant, alcohol.

Methodology

- Lecture
- Discussion
- Brainstorming
- Graphic Illustrations

Materials

Newsprint

Markers

Tape

Optional: Chalkboard
Chalk
Eraser

Time Frame

40 minutes

MODULE 2: Chemical Dependence and Addiction

Introduction/Motivation

Drop a rubber ball on a desk and let it bounce until it stops. Drop ball from different heights. Ask students to describe what they observed about the action of the ball.

The laws of physics - gravity and inertia - are acting on this ball to make it bounce. There are also "laws" that govern what chemicals (drugs) do to us when they enter our body.

Today we will examine 2 of the principles:

1. homeostasis
2. rebound

Learning Activities

1. Define "homeostasis". "The body's natural balance point." Draw a straight line to represent this concept.
2. Define "rebound". "Drugs alter the chemical balance in the brain creating short-term effects and long-term health consequences. As the drug wears off, the chemical balance in the brain shifts in the opposite direction, known as rebound, creating opposite effects usually perceived as unpleasant."
3. Illustrate this concept by diagramming the use of "crack" (a stimulant) and alcohol (a depressant) on the graph. Students follow along with workbook illustration.
4. Discuss the perceived "benefits" of drug use to the user.
Stimulants: increased energy, concentration, decreased appetite.
Depressants: decreased anxiety, relaxation, often greater comfort in social situations, induces sleep.
5. Discuss the "costs" associated with rebound once the drug wears off. Point out that these opposite effects are generally not recognized by the user as connected to their drug use and can usually trigger a new round of drug use.
Stimulants: fatigue, increased appetite, nervousness, depression.
Depressants: increased anxiety, nervousness, sleeplessness, sweating.
6. Conclude by stating that people use drugs for a wide variety of reasons due to the benefits they perceive. The hidden biological, psychological and social costs associated with rebound need to be understood and also considered. Repeated drug use creates dependence and habituation. Dependence leads to addiction.

MODULE 3: Alcohol

Goal

1. To understand how alcohol abuse affects the individual, the family and the community.

Behavioral Objectives

- 3.1 To understand that alcohol is an addictive drug.
- 3.2 Define alcoholism.
- 3.3 Identify myths associated with alcohol use.
- 3.4 To describe the harmful effects alcohol abuse has on the individual, the family and the community.

Methodology

- Quiz
- Lectures
- Discussion
- Graphic illustrations

Materials

Alcohol Quiz
Chalkboard
Chalk
Eraser
Handouts

Time Frame

40 minutes

MODULE 3 Alcohol

Introduction/Motivation

Alcohol is the most commonly abused drug in our society. It is also one of the most misunderstood. Many myths surround the use of alcohol. Today we will discuss some of these myths and discover important information about this drug.

Ask students to indicate by a show of hands how many of them think they know a lot about alcohol.

Let's find out.

Learning Activities

1. Instructor to distribute a copy of 10 question True/False Alcohol Quiz to each student. Students given 5 minutes to complete the Quiz.
2. Instructor to read aloud each question and ask students to respond by show of hands if they believe the answer to be True or False. The results should be tabulated on the chalkboard for each question.
3. After each tabulated response, the instructor is to give the correct answer and explanation.

.....

ALCOHOL QUIZ

Question #1

Alcohol is an addictive drug - TRUE.

Answer:

- a) Ethyl alcohol is a CNS depressant.
- b) Alcohol is an addictive drug because it can cause: craving, physical dependence, loss of control, increased tolerance and withdrawal syndrome.

Question #2

The average person can drink one drink every 4 hour and not get drunk - FALSE.

Answer:

The average person can metabolize 4 oz. of alcohol per hour. Therefore, a person can drink one drink every 1 1/2 hours with little or no accumulation in the blood.

Question #3Drinking coffee speeds up the sobering process - FALSE.

Answer:

Sobering up involves the removal of alcohol from the blood stream. This is accomplished largely by the liver and kidneys and to a smaller extent, by the lungs. Alcohol is removed from the blood at a constant rate of 4 oz. every hour. Coffee, cold showers, drinking milk, etc. do not affect the rate of alcohol metabolism.

Question #4One third (1/3) of American adults don't drink alcohol - TRUE.

Answer:

Many people don't drink alcohol because:

- a) they have an adverse reaction to it.
- b) they are reluctant to use it as a social or psychological crutch.
- c) of health reasons.
- d) they don't like the taste or effects.
- e) recovering alcoholics abstain from any alcohol use.

Question #5An alcoholic is someone who drinks everyday - FALSE.

Answer:

Alcoholic drinking patterns vary from only on weekends to uncontrollable binges lasting several days to weeks and months at a time. Many alcoholics also hold jobs and participate in family life until the disease progresses to a chronic stage.

Question #6Alcoholism is a family disease - TRUE.

Answer:

Alcoholism has a devastating impact on each individual family member and on the family system as a whole. Family roles and functions are distorted in an alcoholic family. Alcoholism impacts on the family by causing isolation, embarrassment, guilt, abuse, violence, chaos and denial. Members of alcoholic families adopt survival roles that later cause personality problems. Children living in alcoholic families need counseling help.

Question #7

Children of alcoholic parents are at a higher risk of becoming alcoholics - TRUE.

Answer:

Research has shown that there is a genetic predisposition that can make people susceptible to the disease of alcoholism. Studies of twins and adoptees have shown that children who have a biological parent who is an alcoholic are four (4) times more likely to develop alcoholism than children of non-alcoholics. Boys especially are at an even higher risk. Children of alcoholics are in a "high risk" group that should not use alcohol at all.

Question #8

Drinkers who only stick to beer or wine cannot become alcoholics - FALSE.

Answer:

The alcohol content by volume is almost exactly the same in each of the following: 12 oz. can of beer, 1 1/4 oz of 80 proof whiskey, 5oz. glass of table wine or one highball or cocktail. Anyone consuming any of these alcoholic beverages in excessive amounts, on a regular basis and over a long period of time is definitely at risk of becoming and alcoholic. People with a genetic predisposition are also at risk of becoming an alcoholic if they abuse alcohol.

Question #9

Alcohol is a factor in 50% of all accidental highway deaths - TRUE.

Answer:

Even small amounts of alcohol can reduce coordination, slow reflexes, distort perception, diminish reasoning ability and give a false sense of overconfidence which often leads to taking foolish risks such as speeding, passing dangerously, driving the wrong way and disobeying traffic signs and signals. 25,000 people are killed on U.S. highways each year by drunken drivers. The penalties for DWI are very severe in New York State and most others.

Question #10

Alcoholism is curable - FALSE.

Answer:

Chronic alcohol use over a period of years can result in brain damage, cancer (mouth, esophagus, stomach), heart disease, liver damage, ulcers, delirium tremens (DT's) and malnutrition. There is no known cure for alcoholism. However, treatment is available and the disease can be arrested. Alcoholics who abstain from any alcohol consumption can recover and lead productive lives with the help of counseling and therapy and support from loved ones.

Conclusion

Alcohol is an addictive drug that can cause medical, psychological and social problems. When faced with the choice of drinking or not drinking, remember the only no risk choice is not to drink.

MODULE 4: Decision Making Skills

Goals

1. To understand how to apply a decision making model to solve problems.

Behavioral Objectives

At the end of the module, students will be able to:

- 4.1 Name the 5 steps of the decision making model.
- 4.2 Brainstorm alternative solutions.
- 4.3 Design at least 3 health promoting alternatives for resisting health compromising social influences.

Methodology

- Lecture
- Discussion
- Brainstorming
- Decision making work sheet

Materials

Newsprint

Markers

Tape

Optional: Chalkboard

Chalk

Eraser

Decision making model work sheet

Time Frame

40 minutes

MODULE 4: Decision Making Skills

Introduction/Motivation

Due to the overwhelming amount and availability of drugs in our society, we all may be confronted with the choice - should I or shouldn't I use drugs. How will you know what decision to make?

Today we will review a method that you can use to make important decisions.

Learning Activities

1. Present the 5 steps of the problem solving model on newsprint.
 1. Define the situation.
 2. Brainstorm possible choices (alternatives).
 3. List the positive and negative consequences of each choice (alternative).
 4. Select the best choice (alternative).
 5. Try the best choice (alternative) out.
2. Distribute decision making model work sheet. Ask students to complete it.
3. Ask group for a volunteer to share his/her work sheet. Then select one to use as an example.
4. Using the student example, begin going through the problem solving model by asking the group to define the problem in specific terms. What is the high risk decision facing them? Review choices, focus on health prompting options and get additional alternatives. Review consequences of each alternative.
5. Divide the large group into groups of 5, counting off by 5.
6. Have student share their individual work sheets in their small group discussing various alternative choices to resolve problem situations.
7. Have each small group report out on their experience of problem solving.
8. Conclude by stating that through weighing out high risk decisions carefully, we can come up with healthy alternative solutions. What is necessary is a knowledge of problem solving, health role models, and opportunities to practice health decision making.

MODULE 5: Stress Reduction Skills

Goals

1. To understand the physical and emotional processes involved in stress.
2. To learn basic stress reduction skills.

Behavioral Objectives

At the end of training, students will be able to:

- 5.1 name at least 3 biological effects of stress.
- 5.2 list at least 3 feelings associated with stress.
- 5.3 identify at least 5 stress reduction mechanisms.

Methodology

- Discussion
- Guided Practice Session
- Brainstorming
- Graphic Illustration

Materials

Newsprint

Markers

Tape

Optional: Chalkboard

Chalk

Erasers

Balance Graph

Personal Strengths and Affirmation Work Sheet

Time Frame

40 minutes

MODULE 5 Stress Reduction Skills

Introduction/Motivation

Write the word STRESS in big, bold letters across the blackboard.

Present the following scenario:

Imagine that you've recently moved to a new neighborhood after your parents' divorce. You blame yourself for their divorce as you were often criticized by your parents and also the cause of many of their arguments. Now, you are having difficulties making new friends and find yourself in trouble at school.

What are you experiencing?

Today we will be looking at ways of helping you recognize stress, understanding how it affects you physically and emotionally and learning ways of reducing levels of stress within the body.

Learning Activities

1. Begin module by defining stress. "Stress = change. Any demand placed on the body."
2. Define stressor "Stressor = the specific demand."
3. Mark headings on the board: "Bio", "Psycho", "Social". Generate ideas from the group as to stressors under each category which occur during adolescence.

Examples: Bio = puberty over and underweight, physical exertion. Psycho = depression, rejection, anger. Social = wanting to be accepted by peer group, moving or starting a new school, concerns about the future.

4. Ask the group how many of them have experienced some of these stressors, and how they have coped with them.
5. Tell them that for the next activity we will establish a baseline reading or starting point of their physical processes.
6. Instruct group to close their eyes and bring their awareness to their heartbeat, their breathing rate, temperature in their bodies, any muscle tension. Slowly have them open their eyes.
7. Now ask the group to think of a stressful incident that happened to them recently. Have them mentally concentrate on the event, their feelings, reenact it in their minds.

8. With their eyes closed, again bring their awareness to their heartbeat, breathing rate, temperature and muscle tension.
9. Process by asking their comments on any differences they noticed between the baseline readings and the second reading. What effects do they notice of stress on their bodies?
10. Brainstorm a list of feelings on the board which they experienced both from the original incident and from re-experiencing it now.
11. List effective techniques you might use in coping with your stressors, i.e. physical exercise, breathing exercises, ventilation, positive imagery/personal affirmations.
12. Using the example given in the introduction, use the Balance Graph to illustrate levels of tension and how effective relaxation techniques impact on stressors.
13. Distribute personal strengths and affirmation work sheet. Have students individually write down 3 qualities they like about themselves. Explain that this will be used to make an affirmation or positive self statement.
14. Have them write an affirmation by writing on newsprint "I am a _____ person".
15. Conclude by explaining that affirmations or positive self statements can help a person feel good about herself/himself. They can repeat these affirmations silently to themselves every morning when they wake up, or, before a big event like a basketball game, an exam, job interview, as a stress reduction mechanism.

APPENDIX # 7 (Requirements)

REQUIREMENTS FOR THE SPECIALIZATION IN
ALCOHOL AND SUBSTANCE ABUSE

for

M.S.W. Students at the
School of Social Welfare

Students enrolled in this specialization learn about the history and development of policies and practice in the field of alcoholism and substance abuse. This specialization addresses both the wider implications that relate to program planning and development, public policy and prevention and the more specific issues of working with families, individuals and groups in treatment and recovery. Particular emphasis is placed on dealing with traditionally disadvantaged and disempowered populations in accordance with the school's mission.

REQUIREMENTS

Matriculated M.S.W. students may qualify for the specialization by:

1. Taking each of the following courses required for the specialization:

- . HWC 345 Individual and Family Treatment of Alcoholics
- . HWC 348 Overview of Substance Abuse

2. Taking one of the following electives:

- . HWC 343 Working with Children of Alcoholics
- . HWC 346 Working with Adult Children of Alcoholics
- . HWC 353 Chemical Dependency in Special Populations

or

3. Obtaining special permission, prior to registering for the course to use one of the following electives instead of HWC 343, 346 or 353:

- . HWC 317 Psychopathology and Psychopharmacology
- . HWC 318 Social Work with Groups

4. Successfully completing one-year of field instruction in an alcohol-specific or drug-specific agency with an assignment of working directly with individuals, families and groups. Students who are assigned to do planning, administration, and research must have had two years prior experience of working with individuals, families and groups in an alcohol or drug-specific agency.

5. Completing a Master's Project in which the subject matter deals with alcohol and substance abuse: or at least one chapter addresses the subject.
6. Attending one day of a school-sponsored special topics lecture/discussion on a timely alcohol and/or drug issue, given by a noted invited authority in the field.
7. Completing all other requirements for the Master's program as described in this bulletin.

If you have any questions about the specialization you may contact

Frances L. Brisbane, Acting Dean
Professor Mel L. Goldstein, Director
Professor Esther Marcus
Stephen Rose
Carlos Vidal
Principle Faculty in Specialization

APPENDIX # 8 (Practice Class)

DRUG LESSON

1ST YEAR PRACTICE CLASSES

I. Introduction:

- A. What We Will Do Today is Talk About Drugs.
- B. Start with Discussion.
- C. Then do an Exercise.
- D. Process Same/With Theory.
- E. Then a Break
- F. Then Some of Your Own Practice.
- G. End With Feedback.
- H. All a Part of My Dissertation/Short Feedback Instrument Next Week.

II. Surgeon General's Comment In Gallup Poll?

- A. Is Comment True?
- B. Define Drug.
- C. Bio--Psycho--Social Factors.
- D. Many Explanations as to Why People Use Them--Attitude and Value Clarifications.

III. Kaiser Conflict Game:

Give a Case Example:

- A. Focus on Implications of client breaking the Law. (Consequences)
- B. Help them Become Drug Free--Focus on Disease.
- C. Facilitate them to find out Underlying factors to their taking drugs.
- D. Help them to gain what is coming to them in society. (housing etc.)

2. (Practice Class)

Process Exercise

IV. BreakV. Lecture on Models of Drug Abuse:VI. Practice Issues:VII. Feedback

APPENDIX # 9 (Policy Class)

Drug Abuse Policy Lesson/Simulation

Introduction:

- A. Nature Of My work.
- B. Simulation 1st Hour.
- C. Discussion of Current Policy Second.
- D. Questions and Answers.

Simulation:

Background:

Over the past six months a number of incidents have occurred at XYZ University that require input, policy directives and action. The University located in the North Eastern U.S. is situated about 2 miles from a small city of about 1/2 million residents. The economics of the city is based mostly on small electronics manufacturing firms that account for about 60% of the cities industry, with the rest coming from local businesses and services. It is said that the University contributes to about 15-20 % of the local economy. The School has some 35,000 students who mostly live in dorms or apartments and come from other areas of the state. (About 2000 students are local residents).

The Incidents: There have been three major incidents over the past six months that have led the president and his administrative team to consider actions around faculty and student policies as well as programmatic interventions around alcohol and substance abuse.

Incident # 1: In May of the last year a group of students who were celebrating the end

2. (policy Lesson)

of finals and graduation moved there campus party into the town. The students, who were drunk and high "tore up the town", smashing windows, harassing towns people and even tried to provoke a fight with some local teenagers. In addition, to store windows being broken, city collection cans being over turned, a number of properties were defaced by paint.

The county manager and the police chief were upset since the action occurred so quickly that no one could be apprehended. They requested the aid of the President of the University in seeking out the wrong doers, but as of this time no one has been held accountable. A number of meetings between city representatives and the school administration have taken place to no avail. The police as a result of this and other incidents have become hyper vigilant with students who come into town; asking for I.D.'s, checking their ages in restaurants that serve alcoholic beverages and detaining students who they think are drug impaired.

Incident # 2:

Things quieted down a bit during the smaller summer school activity time, but in September the police activity continued with the student council becoming more and more annoyed by the "hassling" that was going on. They have petitioned the administrators as well to "do something with the "townies". The police based on under cover information provided by a student raided a faculty members apartment in town. Two Professors, their

3. (policy Lesson)

wives, 2 clerical staff members, a building maintenance worker and 5 students were arrested for possession and use of controlled substances. Marihuana cigarettes, some PCP, some peyote and alcohol were all part of the party. The case is now in the case findings stage prior to trial. The professors have been suspended from their work, without pay, pending the outcome of the trial.

Incident # 3:

Three weeks ago at an on campus party a great deal of drugs were present. A fight broke out between factions at the party who were students and others who were "guests". It was believed that some of the guests were town youths. (erroneous) Three people were hurt badly with a number of others having assorted scrapes and bruises. One woman suffered a severe concussion when she was hit with a flying chair. The other two who were badly hurt suffered multiple fractures. As a result of these events some parents of the students have gotten together to voice their concerns to the President regarding Campus drugging and drinking.

Actions:

As a result of this latest action the President has decided to set up a Drug Abuse Council on Campus. (DAC) He has charged the council to come up with recommendations related to:

4. (policy lesson)

1. A set of rules regarding alcohol and substance use by faculty, staff and students on the campus.

2. A set of recommendations about prevention\education programs that might be set up on campus or in concert with the cities mental health center.

3. A mandate to explore what counselling is going on at the campus, and is there a need for more input.

He has given the group a budget of \$3000 for their exploratory work and has appointed Professor Z the director of the student counselling center to be chair.

We need for this simulation for you to choose one of five constituent groups you would like to belong to that will be represented on the council. They are: parents, faculty union members, townspeople, school administration, and student government leaders. (Within the towns peoples group include the director of the counselling agency and the police chief. Within the school administration is Professor Z and a faculty member from the school of Social Welfare)

Part I--Meeting of Constituent Groups to discuss incidents, choose 3 representatives to DAC and make recommendations for their reps to take to DAC. (1/2 Hour)

5. (policy Lesson)

Part II--Council Meeting--3
representatives from each group. (40 minutes)

3. Break

4. Part III--Discussion of Simulation.
Applications of Policy Principles. What
happens with policies. Process.

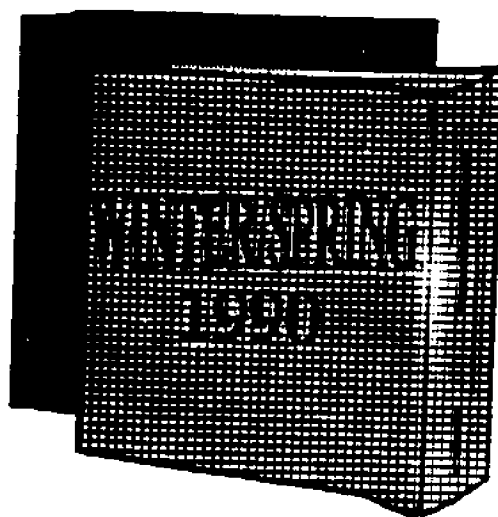
5. Part IV--Lecture on Public Policy in the
United States on Drugs.

6. Feedback.

WINTER/SPRING

1990

CONTINUING EDUCATION COURSES



School of Social Welfare
Health Sciences Center
SUNY @ Stony Brook

CONTINUING PROFESSIONAL EDUCATION PROGRAM

WINTER / SPRING 1990 PROGRAM OFFERINGS
SCHOOL OF SOCIAL WELFARE

Health Sciences Center
State University Of New York
SUNY - Stony Brook

INFORMATION ABOUT THE CONTINUING EDUCATION PROGRAM...

The School of Social Welfare at SUNY Stony Brook is pleased to announce its WINTER/SPRING 1990 Continuing Education Program. These state-of-the-art, high quality and affordable workshops, courses and conferences provide the professional community with an opportunity to continue to advance knowledge-based practice in the health, social welfare and mental health fields. Because there are a limited number of spaces we advise that you register as early as possible using the form at the end of this announcement.

Faculty Committee and Administration

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SPECIAL PROGRAM

ALCOHOLISM AND SUBSTANCE ABUSE IN THE 90's

**A CONFERENCE ON INNOVATIVE APPROACHES TO
HIGH RISK INFANTS, YOUTH AND THEIR FAMILIES**

**APRIL 3, 1990
9:30 AM - 3:30 PM**

FEATURED SPEAKER IS ELAINE M. JOHNSON, Ph.D.
DIRECTOR OF OFFICE FOR SUBSTANCE ABUSE PREVENTION (OSAP)
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Details to follow under separate cover

A Model of Working with High Risk Youth

INSTRUCTOR, *Freeman L. Brisbane, Ph.D.*

We will demonstrate the effectiveness of a group treatment model that professionals may use in their work with children at risk. We will look at the model's effects on children living in constant trauma and crisis resulting from addictive parents, self-addiction, adolescent pregnancy, early parenting, and low-school achievement.

FEBRUARY 9, 1990

9:30 - 4:00

SUNY-Stony Brook, HSC

Room: TBA

Fee: \$40.00

Management of Stress and Burnout

INSTRUCTOR, *Melvin L. Goldstein, CSW*

A workshop designed for both the benefit of the client and the worker. Stress assessment tools will be introduced and learned by participants which can be used in their work with individuals, families and groups. In addition, techniques to reduce stress and to prevent burnout will be taught including guided imagery, relaxation sequences, self-hypnosis and others. Experiential as well as didactic learning methods will be utilized in the course.

FEBRUARY 16, 1990

9:30 - 4:00

SUNY - Stony Brook, HSC

Room: TBA

Fee: \$40.00

Clinical Supervision and Management in Human Services

INSTRUCTOR, *Ala Lurie, Ph.D.*

The workshop will focus on supervisory skill, supervision as an ongoing process and problems involved in working with resistance from staff. Content will be discussed and illustrated from the perspective of the supervisor as a manager/administrator, educator and supporter.

MARCH 9, 1990

9:30 - 12:30

SUNY - Stony Brook, HSC

Room: TBA

Fee: \$25.00

Chronic Illness: Effects on the Patient and Family

INSTRUCTOR, *Sonia Abramson, Ph.D.*

The workshop will focus on the Bio-psycho-social aspects of chronic diseases. Among the diseases to be discussed will be: multiple sclerosis, rheumatoid arthritis, diabetes and hypertension as they affect the patient and family.

MARCH 2, 1990

9:30 - 12:30

SUNY - Stony Brook, HSC

Room: TBA

Fee: \$25.00

Families Of Divorce

INSTRUCTOR, *Ellen B. Bagelak, Ph.D.*

Approximately half of all marriages in the U.S. end in divorce. This workshop will provide the mental health practitioner with specialized knowledge and skill to effectively assist families coping with divorce. The decision to divorce, reactions of children of various ages, visitation, post-divorce financial adjustment, the role of the extended family, and other topics will be addressed. Treatment modalities covered will include individual work with adults and children, family work with the post-divorce family, and groups for adults and children. If workshop participants are currently working with families of divorce, case material of participants may be utilized.

MARCH 2, 1990

1:30 - 4:00

SUNY - Stony Brook, HSC

Room: TBA

Fee: \$25.00

Social Work Practice With Groups

INSTRUCTOR, *Melvin Goldstein, CSW*

Principles and practices of social group work. The course will highlight pre-group planning, beginnings and group development, and types and kinds of groups. Participants will have an opportunity to discuss the formation of group services in their agencies, as well as to develop new skills in working with groups.

MARCH 16, 1990

9:30 - 4:00

SUNY - Stony Brook, HSC

Room: TBA

Fee: \$40.00

Youth And Suicide

INSTRUCTOR, *Ala Luria, Ph.D.*

The workshop will focus on suicide among teenagers and young adults in the 15 - 24 age group. Causes and interventive techniques will be discussed. Work with families, schools, and social health care agencies will be discussed.

APRIL 27, 1990

9:30 - 12:30

SUNY - Stony Brook, HSC

Room: TBA

Fee: \$25.00

How To Be Effective In Helping People Mourn

INSTRUCTOR, *Joseph Moore, DSW*

Everyone experiences separation and loss. Everyone grieves because of these experiences, and everyone needs to resolve this grief through the normal process of mourning. While normal, this process is difficult not only for those mourning but also for those whose job it is to help. Participants in this workshop will discuss the issues that impede the helping process and will learn to be more effective in working with people going through the mourning process.

APRIL 27, 1990

1:30 - 4:00

SUNY - Stony Brook, HSC

Room: TBA

Fee: \$25.00

AIDS And Social Work: PEER Education Workshop

INSTRUCTORS, *Melvin Goldstein, CSW*
J. Rabinowitz, Ph.D.

A course designed in cooperation with the AIDS Resource Center Project of the School of Allied Health Professions.

The workshop is designed to meet the needs of Social Workers and will be limited to thirty participants. Materials covered in the workshop will include the psycho-social needs of people with AIDS and their families; HIV testing and counseling issues, an updated disease overview, and an exploration of common worker concerns.

MAY 4, 1990

9:30 - 4:00

SUNY - Stony Brook, HSC

Room: TBA

Fee: \$40.00

Learning And Teaching In Field Instruction

INSTRUCTOR, *Carol Savat, DSW*

This seminar will address the learning process for social work students in the field and examine alternative ways of teaching field practice. Specific cognitive learning styles will be identified and common problems will be explored.

MAY 11, 1990

9:30 - 12:30

SUNY-Stony Brook, HSC

Room: TBA

Fee: \$25.00

Intensive Case Management

INSTRUCTOR, *Saphor M. Ross, Ph.D.*

Develops an analysis of the particular social, historical, and organizational factors that interact to produce the development of case management services and to shape the nature of practice itself. Directly addresses the challenge of providing direct services to clients and trying to negotiate systems. Dual focus upon client centered services and organizational strategy.

MAY 11, 1990

1:30 - 4:00

SUNY - Stony Brook, HSC

Room: TBA

Fee: \$25.00

UPCOMING EVENTS

Beyond The Cutting Edge

A series of four special programs in the field of alcohol and substance abuse prevention and treatment.

SAVE

June 1

June 15

June 8

June 22

Details to Follow in early 1990

REGISTRATION FORM

CONTINUING PROFESSIONAL EDUCATION WORKSHOPS

School of Social Welfare
Health Sciences Center
SUNY - Stony Brook
Stony Brook, New York
11794-8230

Phone: (516) 444-2138

PLEASE CHECK THE WORKSHOPS YOU WILL BE ATTENDING:

☐ A Model of Working With High Risk Youth	- FEBRUARY 9, 1990	\$40.00
☐ Management of Stress and Burnout	- FEBRUARY 16, 1990	\$40.00
☐ Clinical Supervision and Management in Human Services	- MARCH 9, 1990	\$25.00
☐ Chronic Illness: Effects on the Patient and Family*	- MARCH 2, 1990	\$25.00
☐ Families of Divorce*	- MARCH 2, 1990	\$25.00
☐ Social Work Practice With Groups	- MARCH 16, 1990	\$40.00
☐ Youth and Suicide*	- APRIL 27, 1990	\$25.00
☐ Loss and Separation*	- APRIL 27, 1990	\$25.00
☐ AIDS and Social Work: PEER Education Workshop	- MAY 4, 1990	\$40.00
☐ Learning and Teaching in Field Instruction*	- MAY 11, 1990	\$25.00
☐ Intensive Case Management*	- MAY 11, 1990	\$25.00

Please make your check payable to: STATE UNIVERSITY OF NY, IFR 90016.

*If you sign up for 2 workshops on the same day, the full day cost is \$40.

Full refund is made if you cancel 5 days before the workshop; one-half of the cost is refunded if you cancel 2-4 days before the workshop. No refund is given if cancellation is made on the day of the workshop.

A Check in the amount of \$ _____ is enclosed to cover the cost of the workshop(s) indicated above.

NAME: _____ SS# _____

AGENCY: _____ POSITION: _____

ADDRESS: _____

TELEPHONE: (Home) _____ (Business) _____

TYPE OF DEGREE(S): _____ (BA, CAC, RN, MSW, MS, PhD, etc.)

Please mail the completed registration form to: MELVIN GOLDSTEIN, Director at the address provided above.

CONFERENCE PROGRAM

**ALCOHOLISM AND SUBSTANCE ABUSE
IN THE 90'S**

**A CONFERENCE ON INNOVATIVE APPROACHES TO HIGH RISK INFANTS,
YOUTH AND THEIR FAMILIES**

April 3, 1990

**Marriot Wind Watch Hotel
1717 Vanderbilt Motor Parkway
Hauppauge, Long Island, New York**

Sponsored by:

**School of Social Welfare/SUNY, Stony Brook
Continuing Professional Education Program
Suffolk County Department of Alcohol and Substance Abuse Services
Nassau County Department of Drug and Alcohol Addictions**

8:45 - 9:30 **Registration & Coffee Hour:** Foyer
Sponsored by: Mediplex; Arms Acres/Conifer Park/Holliswood

9:30 - 11:00 **Plenary Session:** Salon D

OPENING STATEMENTS:

Marguerite Saunders, *Director*
 State of New York Division of Alcoholism and Alcohol Abuse

Dr. Howard Oaks, *Vice President for Health Sciences,*
 SUNY, Stony Brook

Harold Adams, *Commissioner*
 Nassau County Department of Drug and Abuse Addictions

Dr. John Cavallaro, *Commissioner*
 Suffolk County Department of Alcohol and Abuse Services

Featured Speakers: Dr. Lorraine Hale, *Executive Director*
 Hale House

Mother Hale, *Founder*
 Hale House

Moderator: Frances Larry Brisbane, *Acting Dean*
 School of Social Welfare

11:15 - 12:15 **Discussion Groups:**

GROUP	ROOM	FACILITATOR
1	Fire Island	Dr. John Cavallaro, <i>Commissioner</i> Suffolk County Department of Alcohol and Substance Abuse Services
2	Fletcher Island	Mr. Logan Lewis, <i>President</i> APPLE
3	Gardiner Island	Mr. Bob Detor, <i>Executive Director</i> North Suffolk Mental Health Centers
4	Robins Island	Dr. Carlos Vidal, <i>Director of Field Instruction,</i> SUNY, Stony Brook, School of Social Welfare
5	Shelter Island	Dr. Raymond Condren, <i>Deputy Commissioner,</i> Nassau County Department of Drugs and Alcohol Addiction

12:30 - 1:45 **Luncheon:** Salon E
Featured Speaker: Elaine M. Johnson, Ph.D., Director,
 Office of Substance Abuse Preventive, ADAMHA

Moderator: Professor Reginald Wells, Chairperson
 Continuing Education Program
 SUNY, Stony Brook

Financial Contributions towards Luncheon:

APPLE (A Program for Life Enrichment)
 Passages Counseling Center, Inc.
 Parkside Medical Services, Corp.
 Nassau County Department of Drug and Alcohol Addiction
 Suffolk County Department of Alcohol and Substance Abuse
 The Breakthrough Program

2:00 - 3:45 **WORKSHOP PROGRAM:**

WORKSHOP A: Working with Black and Hispanic Children of Substance Abusers
 Fire Island
 Room Frances L. Brisbane, Acting Dean, School of Social Welfare
 Angel Campos, C.S.W., Associate Dean, School of Social Welfare

WORKSHOP B: Effects of Alcohol and Drug Abuse on Pregnant Women and their
 Fetuses
 Robins Island
 Room Alissa Mallow, C.S.W., North Shore Hospital,
 Department of Social Work, AIDS Team

WORKSHOP C: AIDS: Directing Services for the 90's
 Fischer Island
 Room Frank Yuen, PAC, Director of Health Education Services,
 Samaritan Village, Inc.

WORKSHOP D: Alcohol and Substance Abuse in Women: Services, Problems and
 Visions for the 90's
 Gardiner Island
 Room Maureen Duggan, Deputy Commissioner of Department of
 Alcohol and Substance Abuse Services

WORKSHOP E: Prevention of Stress and Burnout in the Workplace
 Shelter Island
 Room Mel L. Goldstein, C.S.W., Director of Continuing Education

4:00 - 5:30 Post Conference Consultation Salon D

In cooperation with the Office of Substance Abuse Prevention ADAMHA

Mr. Kent Auguston, *Associate Director for Program Planning*
Office of Substance Abuse Prevention, ADAMHA

Refreshments: Courtesy of the Sponsors

CONFERENCE EXHIBITORS

SALONS B & C

Suffolk County Department of Alcohol and Substance Abuse Services

Nassau County Department of Drug and Alcohol Addictions

School of Social Welfare/SUNY, Stony Brook

Mediplex: Arms Acres/Conifer Park/Holliswood

Seaford Center, Inc.

Parkside Medical Services, Corp.

The Lighthouse

Passages Counseling Center, Inc.

Dream Scapes

The New York Institute of Alcoholism and The Addictions

APPLE (A Program Planned for Life Enrichment)

JCAP

APPENDIX # 12 (Evaluation)

Alcoholism & Substance AbuseEvaluation Form

DATE: _____

CLASS _____

CLASS EVALUATION FORM

A. In comparison with other classes I have had, this class was:

1. One of the most useless
2. Quite useless
3. Moderately useless
4. Slightly useless
5. Neither very useful or
very useless
6. Slightly useful
7. Moderately useful
8. Quite useful
9. One of the most useful

1. One of the most uninteresting
2. Quite uninteresting
3. Moderately uninteresting
4. Slightly uninteresting
5. Neither very uninteresting
nor very interesting
6. Slightly interesting
7. Moderately interesting
8. Quite interesting
9. One of the most interesting

B. COMMENTS: _____

1990 - 1991

Page 1

STONY BROOK - ALCOHOL AND SUBSTANCE ABUSESPECIALIZATIONCOMMUNITY COMMITTEE

Herbert Baden Regional Coordinator NY State Division of Alcoholism & Drug Abuse L.I. Regional Office P.O. Box 600 Brentwood, NY 11717	273-0888
Dr. Frances Brisbane Acting Dean School of Social Welfare HSC L 2 SUNY @ Stony Brook Stony Brook, NY 11794	444-2139
Dr. Angel Campos Associate Dean School of Social Welfare HSC L 2 SUNY @ Stony Brook Stony Brook, NY 11794	444-3177
Denise Cappelli Director of Staff Development & Training Nassau County Dept. of Drug & Alcohol Addiction 175 Fulton Avenue Hempstead, NY 11550	560-1981
Dr. John Cavallaro Commissioner Dept. of Alcohol & drug Abuse Services 225 Rabro Drive Hauppauge, NY 11788	348-2900
Ms. Edwina Carr Cambridge Health Care Consultants 2 Jericho Plaza Jericho, NY 11753	541-5540 939-6162
Dr. Raymond J. Condren Deputy Commissioner Nassau County Dept. of Drugs and Alcohol Addiction 175 Fulton Avenue Hempstead, NY 11550	560-1912 1911 1910

STONY BROOK - ALCOHOL AND SUBSTANCE ABUSESPECIALIZATIONCOMMUNITY COMMITTEE

Bob Deter Executive Director North Suffolk Mental Health Center, Inc. 98 Maple Avenue Smithtown, NY 11787	265-3311
Maureen Duggan Deputy Director Dept. of Alcohol & Drug Abuse Services 225 Rabro Drive East Hauppauge, NY 11788	348-2900
James A. Edmondson, Executive Director Yours, Ours, Mine Community Center Center Lane Village Green Levittown, NY 11756	796-6633
Muriel Parkas Executive Vice President APPLE 1373-42 Veterans Highway P.O. Box 402 Hauppauge, NY 11788	979-7300
Mal L. Goldstein Assistant Professor Chair, Substance Abuse Specialization School of Social Welfare HSC L2 SUNY @ Stony Brook Stony Brook, NY 11794	444-3151
Dr. Robert Hawkins Associate Dean School of Allied Health Services HSC L2 SUNY @ Stony Brook Stony Brook, NY 11794	444-2252
Dr. Fritz Henn Dept. of Psychiatry School of Medicine Health Sciences Center T-10 SUNY @ Stony Brook Stony Brook, NY 11794	444-2988

STONY BROOK - ALCOHOL AND SUBSTANCE ABUSESPECIALIZATIONCOMMUNITY COMMITTEE

Jim Moran Program Director J.T. Mather Hospital Outpatient Alcoholism 645 Belle Terre Road Port Jefferson, NY 11777	331-8200
Dr. Sandra Jaffe-Johnson Associate Professor School of Nursing HSC L 2 SUNY @ Stony Brook Stony Brook, NY 11794-8240	444-3200 689-6181
Mr. Clarence Jones Executive Director Smithaven Ministries 2229 Route 112 Coram, NY 11727	736-4800
Ed King, A.C.S.W. Huntington Youth Bureau Village Green Center 423 Park Avenue Huntington, NY 11743	351-3061
Beatrice Kovaszny, M.D. Assistant Professor Psychiatry Dept. of Psychiatry Health Sciences Center T-10 SUNY @ Stony Brook Stony Brook, NY 11794	632-8827
Logan Lewis President APPLE 1373-42 Veterans Highway P.O. Box 402 Hauppauge, NY 11788	979-7300

STONY BROOK - ALCOHOL AND SUBSTANCE ABUSESPECIALIZATIONCOMMUNITY COMMITTEE

Gary McCormack Associate Executive Director J-Cape Programs 231-35 Merrick Blvd. Laurelton, NY 11413	718-712-1100
Dr. Esther Marcus Professor Chair, Director Practice Concentration HSC L2 SUNY @ Stony Brook Stony Brook, NY 11794	444-3162
Patricia Murphy 1741 North Ocean Avenue Madford, NY 11763	758-9222
Stewart Paul, C.S.W. Director Seafield Center 7 Seafield Lane West Hampton Beach, NY 11778	288-1122
Stephen Rabeno School of Social Welfare Student P.O. Box 358 Port Jefferson, NY 11777	331-5436
Dr. Steve Rose Professor School of Social Welfare HSC L2 SUNY @ Stony Brook Stony Brook, NY 11794	444-3176
Willie Rose Associate Director Social Work Services Department University Hospital Stony Brook, NY 11794	444-2552

STONY BROOK - ALCOHOL AND SUBSTANCE ABUSESPECIALIZATIONCOMMUNITY COMMITTEE

Adele Backs
Program Administrator
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400 Sunrise Highway
Amityville, NY 11701

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Diana L. Stokke
Student
6 Daring Road
Sound Beach, NY 11789

821-3056

Dr. Carlos Vidal
Director of Field Instruction
School of Social Welfare
HSC L2
SUNY @ Stony Brook
Stony Brook, NY 11794

444-3153

James Ward
Social Work Supervisor
Kings Park Psychiatric Center
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Kings Park, NY 11754

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Amy Yancey
L.I. Regional Coordinator
The Mediplax Group, Inc.
Alcohol & Substance Abuse Division
Arms Acres Regional Office
300 Rabro Drive - Suite 130
Hauppauge, NY 11788

582-9883

Frank Yuen, P.A.
Director of AIDS & Health Education Services
Samaritan Village Incorporated
88-83 Van Wyck Expressway
Jamaica, NY 11435

718-657-8010

APPENDIX # 14 (Agenda)

Alcohol and Substance Abuse SpecializationCommunity Group Meeting

Agenda--April 18, 1990

1. Current Developments Mel Goldstein
 - A. First Year Initiative
 - B. Seminar Series
 - C. Revision of Overview Course
 - D. New Course--Fall 1990
 - E. Conference Report and Feedback
 - F. Addiction Training--June
2. Doctoral Program Lynn Soine
3. Think Tank Report Bob Deter
4. Field Work Report Carlos Vidal
5. New Business
6. Good & Welfare
7. Next Meeting

APPENDIX # 15--(KEY)

STATE UNIVERSITY OF NEW YORK AT STONY BROOKSchool of Social Welfare

HWC - 348/548--Pre/Post Test Materials

Semester _____Random I.D. _____

This "test" is a tool for us to evaluate the knowledge base you have in the fields of Alcoholism and Substance Abuse. The hope is that as a result of the test the content of this course will become more "alive" for you.

A "post test" will be given at the end of the course to evaluate changes that may have taken place as a result of the instructors curriculum input. The attached instrument has been designed to evaluate the course content and the teaching of the curriculum and in no way is intended to evaluate you as a student.

Please record the random number at the top of the page in a place separate from this instrument. It will be entered on the post test by members in the class. In this way the instructor will have no way of identifying which specific students took each test.

All the data collected in the pre-post tests will be treated confidentially. In addition, the data will be worked with on an aggregate basis only.

SURVEY ON ALCOHOLISM AND SUBSTANCE ABUSEPart 1

This part is a tool for us to evaluate the knowledge base you have in the fields of alcoholism and substance abuse.

Please take your time to read each question and all of the possible choices before answering. There is only One response to each question, so circle the best answer.

Multiple Choice: (circle only one)

1. The most commonly abused drug in the United States is:
 - a) marijuana
 - b) cocaine
 - c) alcohol
 - d) heroin
2. Which of these is not a narcotic?
 - a) heroin
 - b) marijuana
 - c) morphine
 - d) methadone
3. Alcohol can be described as each of the following except:
 - a) sedative/irritant
 - b) stimulant
 - c) addicting
 - d) mind altering

4. What is the most unpredictable drug in the street today?
- a) PCP
 - b) heroin
 - c) LSD
 - d) alcohol
5. Which of the following is not a stimulant?
- a) amphetamine
 - b) caffeine
 - c) methaqualone
 - d) methamphetamine
6. What sobers up a drunk person?
- a) a cold shower
 - b) black coffee
 - c) time
 - d) tomato juice & tobasco sauce
7. How long does marijuana stay in the body after smoking?
- a) 1 day
 - b) 12 hours
 - c) up to one month
 - d) one hour
8. Which drug does not cause physical dependence?
- a) alcohol
 - b) secobarbital
 - c) codeine
 - d) peyote
9. Defense mechanisms like denial, rationalization and projection are:
- a) healthy coping tools
 - b) used by alcoholics
 - c) unconscious means of protection
 - d) irreversible behavior

10. Medical help for drug problems is available without legal penalties:
 - a) if patient is under 21
 - b) under the protection of federal law
 - c) in certain states
 - d) if the person is not a predicate felon
11. Which of the following poses the highest immediate risk to users?
 - a) inhalants
 - b) marijuana
 - c) alcohol
 - d) nicotine
12. Members of substance abusing families assume roles that are:
 - a) consciously planned
 - b) easy
 - c) adaptive
 - d) all of the above
13. Most drug users make their first contact with illicit drugs:
 - a) through pushers
 - b) through friends
 - c) accidentally
 - d) through family members
14. Which of the following poses the greatest health hazard to the most people in the United States?
 - a) cigarettes
 - b) "crack"
 - c) heroin
 - d) caffeine

15. Stopping drugs before it starts is called?

- a) prevention
- b) withdrawal
- c) tolerance
- d) education

16. What makes marijuana especially harmful today?

- a) it is much stronger
- b) it could affect physical and mental development
- c) younger kids are using it
- d) all of these

17. The Use of drugs during pregnancy:

- a) Should be limited to tobacco and alcohol
- b) may be harmful to the unborn child
- c) should cease at 26 weeks
- d) all of the above

18. Membership in Alcoholics Anonymous requires:

- a) a desire to stop drinking
- b) sobriety
- c) abstinence from drug use
- d) all of the above

19. When does a person become hooked on heroin?
- a) the first time
 - b) after four or five times
 - c) 20 times or more
 - d) different for each person
20. The responsibilities of the substance abuse worker include:
- a) continuing education and training
 - b) use of supervision
 - c) ensuring client recovery
 - d) a and b
 - e) all of the above
21. Drugs that produce sleep or stupor, and also relieve pain, are classified as:
- a) Sedatives
 - b) Narcotics
 - c) Analgesics
 - d) Tranquilizers
22. Which disease are addicts most likely to get from using unsterile hypodermic needles:
- a) Skin Abscess
 - b) AIDS
 - c) Hepatitis
 - d) All of the Above

23. Which of the following combinations carries the greatest danger of causing death:
- a) alcohol and aspirin
 - b) alcohol and marijuana
 - c) alcohol and heroin
 - d) alcohol and barbiturates
24. Among the following drugs, the most severe withdrawal effects result from addiction to:
- a) marijuana
 - b) cocaine
 - c) heroin
 - d) barbiturates
25. The condition in which one must keep increasing the dosage to get the same effect is termed:
- a) mainlining
 - b) habituation
 - c) tolerance
 - d) addiction
26. Intoxication is caused by the effect of alcohol on the:
- a) brain
 - b) kidneys
 - c) liver
 - d) lungs

27. Drugs that relieve pain without affecting consciousness are:

- a) analgesics
- b) anesthetics
- c) psychedelics
- d) amphetamines

28. When the combined action of two drugs is greater than the sum of each drug taken alone, the effect is called:

- a) stasis
- b) incompatibility
- c) potentiation
- d) addiction

29. "Crack" or "rock" is a smokable form of which drug:

- a) cocaine
- b) heroin
- c) PCP
- d) speed

30. Drug Dependence means:

- a) You are addicted to a drug
- b) You have a psychological need for a drug
- c) either a or b
- b) both a & b must be present

Part 11

	<u>True or False</u>	(Circle one)	
31.	T	☒ F	"Enabling" as used in substance abuse treatment refers to the process of helping people to recover.
32.	T	☒ F	A substance abuser who has relapsed more than four times may usually be regarded as untreatable.
33.	T	☒ F	An alcoholic with over ten years of sobriety may safely take an occasional drink.
34.	☒ T	F	The suicidal rate among substance abusers is markedly higher than that of the general population.
35.	T	☒ F	"Relapse" can best be described as the moment when a substance abuser breaks abstinence and uses a drug.
36.	T	☒ F	Research has failed to establish any specific genetic, environmental, social, or personality factors as the cause of alcoholism.
37.	T	☒ F	The ability to confine substance use to weekends suggests that a person is probably not an alcoholic or substance abuser.
38.	T	☒ F	Substance abuse should be considered a symptom of an underlying personality or mental disorder, as opposed to a disease per se.
39.	T	☒ F	A substance abuser must hit bottom before he/she can begin the recovery process.

40. T (F) Tranquilizing drugs, such as librium or valium, are often valuable in maintaining the recovering substance abuser through his/her first year or so of abstinence.
41. (T) F Cross-dependency (or "cross addiction") to other sedative or tranquilizing drugs in the alcoholic may begin iatrogenically.
42. T (F) The incidence of alcoholism and drug dependence is lower among physicians than the general population.
43. T (F) Each substance abuse agency should have a single treatment plan for all of its clients to follow.
44. T (F) The drug disulfiram (Antabuse) has proven to be a dangerous and unsatisfactory treatment modality for alcoholic persons.
45. T (F) The first step in psychotherapy with a substance abuser is determining the underlying causes for his/her drug behavior.
46. (T) F Professionals are often wise to advise the spouse of a substance abuser to consider precipitating a crisis, often by separation from the unmotivated drug active spouse, after lesser measures have failed.
47. T (F) Coming from a family background of teetotalism is relative assurance that one will not become addicted to drugs.
48. (T) F Using drugs is more dangerous for young people than adults.
49. (T) F Alcoholics Anonymous has been more effective than psychiatric treatment in helping alcoholics to recover.

50. (T) F Involuntary treatment of an unmotivated substance abuser has been shown to be effective in many cases.

Appendix --#16

Question & Test ResultsKEY:

N.S.	Non Significant	(% Wrong)
1	Pre Test Score	(% Wrong)
2	Post Test Score	(% Wrong)
KG	General Knowledge	
KB	Biological Knowledge	
KP	Professional Knowledge	
V	Value Valence	

(note values weighed on a
scale of 1-3, with 1
highest value mark)

SURVEY ON ALCOHOLISM AND SUBSTANCE ABUSEPart 1

This part is a tool for us to evaluate the knowledge base you have in the fields of alcoholism and substance abuse.

Please take your time to read each question and all of the possible choices before answering. There is only One response to each question, so circle the best answer.

Multiple Choice: (circle only one)

1. The most commonly abused drug in the United States is:

a) marijuana
b) cocaine N.S.
c) alcohol
d) heroin
2. Which of these is not a narcotic?

a) heroin
b) marijuana 1 = 48%
c) morphine 2 = 24% (KB - V 1)
d) methadone
3. Alcohol can be described as each of the following except:

a) sedative/irritant 1 = 38%
b) stimulant 2 = 10% (KB -V 2)
c) addicting
d) mind altering

4. What is the most unpredictable drug in the street today?
- a) PCP 1 = 52%
 - b) heroin 2 = 29% (K G & B)
 - c) LSD (V - 2)
 - d) alcohol
5. Which of the following is not a stimulant?
- a) amphetamine
 - b) caffeine N.S.
 - c) methaqualone
 - d) methamphetamine
6. What sobers up a drunk person?
- a) a cold shower
 - b) black coffee N.S.
 - c) time
 - d) tomato juice & tobasco sauce
7. How long does marijuana stay in the body after smoking?
- a) 1 day (KB - V1)
 - b) 12 hours
 - c) up to one month 1 = 27%
 - d) one hour 2 = 17%
8. Which drug does not cause physical dependence?
- a) alcohol 1 = 25%
 - b) secobarbital 2 = 10%
 - c) codeine (KB - V 1)
 - d) peyote
9. Defense mechanisms like denial, rationalization and projection are:
- a) healthy coping tools
 - b) used by alcoholics
 - c) unconscious means of protection
 - d) irreversible behavior
- 1=35%
2 =17% (KB-V 2)

10. Medical help for drug problems is available without legal penalties:
 - a) if patient is under 21 1 = 35%
 - b) under the protection of federal law 2 = 17%
 - c) in certain states (KG--V2)
 - d) if the person is not a predicate felon

11. Which of the following poses the highest immediate risk to users?
 - a) inhalants 1 = 35%
 - b) marijuana 2 = 12%
 - c) alcohol (KB--V1)
 - d) nicotine

12. Members of substance abusing families assume roles that are:
 - a) consciously planned
 - b) easy
 - c) adaptive 1 = 35%
 - d) all of the above 2 = 34%
 (KP --V2)

13. Most drug users make their first contact with illicit drugs:
 - a) through pushers 1 = 27%
 - b) through friends 2 = 20%
 - c) accidentally (KG --V 2)
 - d) through family members

14. Which of the following poses the greatest health hazard to the most people in the United States?
 - a) cigarettes N.S.
 - b) "crack"
 - c) heroin
 - d) caffeine

15. Stopping drugs before it starts is called?
- a) prevention 1 = 27%
 - b) withdrawal 2 = 15%
 - c) tolerance (KG)
 - d) education
16. What makes marijuana especially harmful today?
- a) it is much stronger
 - b) it could affect physical and mental development
 - c) younger kids are using it N.S.
 - d) all of these
17. The Use of drugs during pregnancy:
- a) Should be limited to tobacco and alcohol
 - b) may be harmful to the unborn child
 - c) should cease at 26 weeks N.S.
 - d) all of the above
18. Membership in Alcoholics Anonymous requires:
- a) a desire to stop drinking 1 = 50%
 - b) sobriety 2 = 24%
 - c) abstinence from drug use
 - d) all of the above (KG--V 1)

19. When does a person become hooked on heroin?
- a) the first time
 - b) after four or five times N.S.
 - c) 20 times or more
 - d) different for each person
20. The responsibilities of the substance abuse worker include:
- a) continuing education and training
 - b) use of supervision 1 = 38%
 - c) ensuring client recovery 2 = 34%
 - d) a and b (KG-V 2)
 - e) all of the above
21. Drugs that produce sleep or stupor, and also relieve pain, are classified as:
- a) Sedatives 1 = 66%
 - b) Narcotics 2 = 48%
 - c) Analgesics (KB)
 - d) Tranquilizers
22. Which disease are addicts most likely to get from using unsterile hypodermic needles:
- a) Skin Abscess 1 = 38%
 - b) AIDS 2 = 34%
 - c) Hepatitis (KB--V 2)
 - d) All of the Above

23. Which of the following combinations carries the greatest danger of causing death:
- a) alcohol and aspirin
 - b) alcohol and marijuana N.S.
 - c) alcohol and heroin
 - d) alcohol and barbiturates
24. Among the following drugs, the most severe withdrawal effects result from addiction to:
- a) marijuana 1 = 75%
 - b) cocaine
 - c) heroin 2 = 34%
 - d) barbiturates (KB--V2)
25. The condition in which one must keep increasing the dosage to get the same effect is termed:
- a) mainlining
 - b) habituation
 - c) tolerance N.S.
 - d) addiction
26. Intoxication is caused by the effect of alcohol on the:
- a) brain
 - b) kidneys
 - c) liver N.S.
 - d) lungs

27. Drugs that relieve pain without affecting consciousness are:

- a) analgesics
- b) anesthetics
- c) psychedelics N.S.
- d) amphetamines

28. When the combined action of two drugs is greater than the sum of each drug taken alone, the effect is called:

- a) stasis
- b) incompatibility
- c) potentiation N.S.
- d) addiction

29. "Crack" or "rock" is a smokable form of which drug:

- a) cocaine
- b) heroin
- c) PCP N.S.
- d) speed

30. Drug Dependence means:

- a) You are addicted to a drug
 - b) You have a psychological need for a drug 1 = 77%
 - c) either a or b 2 = 27%
 - b) both a & b must be present
- (KB--V 2)

Part 11

<u>True or False</u>			(Circle one)	
31.	T	F	"Enabling" as used in substance abuse treatment refers to the process of helping people to recover.	N.S..
32 .	T	F	A substance abuser who has relapsed more than four times may usually be regarded as untreatable.	N.S.
33.	T	F	An alcoholic with over ten years of sobriety may safely take an occasional drink.	N.S.
34.	T	F	The suicidal rate among substance abusers is markedly higher than that of the general population.	N.S.
35.	T	F	"Relapse" can best be described as the moment when a substance abuser breaks abstinence and uses a drug.	1=77% 2=41% (KP-V3)
36.	T	F	Research has failed to establish any specific genetic, environmental, social, or personality factors as the cause of alcoholism.	1=33% 2=32% (KG)
37.	T	F	The ability to confine substance use to weekends suggests that a person is probably not an alcoholic or substance abuser.	N.S.
38.	T	F	Substance abuse should be considered a symptom of an underlying personality or mental disorder, as opposed to a disease per se.	N.S.
39.	T	F	A substance abuser must hit bottom before he/she can begin the recovery process.	N.S.

40. T F Tranquilizing drugs, such as librium or valium, are often valuable in maintaining the recovering substance abuser through his/her first year or so of abstinence. N.S.
41. T F Cross-dependency (or "cross addiction") to other sedative or tranquilizing drugs in the alcoholic may begin iatrogenically. N.S.
42. T F The incidence of alcoholism and drug dependence is lower among physicians than the general population. N.S.
43. T F Each substance abuse agency should have a single treatment plan for all of its clients to follow. N.S.
44. T F The drug disulfiram (Antabuse) has proven to be a dangerous and unsatisfactory treatment modality for alcoholic persons. 1=42%
2=27%
(KG)
45. T F The first step in psychotherapy with a substance abuser is determining the underlying causes for his/her drug behavior. 1=35%
2=15%
(KP-V3)
46. T F Professionals are often wise to advise the spouse of a substance abuser to consider precipitating a crisis, often by separation from the unmotivated drug active spouse, after lesser measures have failed. 1=54%
2=39%
(KP-V 3)
47. T F Coming from a family background of teetotalism is relative assurance that one will not become addicted to drugs. N.S.
48. T F Using drugs is more dangerous for young people than adults. 1 =69%
2 =34%
(KG-V3)
49. T F Alcoholics Anonymous has been more effective than psychiatric treatment in helping alcoholics to recover. N.S.

50. T F Involuntary treatment of an unmotivated
 substance abuser has been shown to be
 effective in many cases.

1= 79%

2= 54%

(KG-V3)

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