

Women and Substance Abuse

Instructor's Guide

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Note to Instructors

This volume of materials consists of four modules. It is designed to assist health care professionals in screening, identification, and presentation of a diagnosis reflective of alcohol and other drug use/abuse in women. In addition, this package provides an overview of the prevalence of alcohol and other drug use/abuse, current trends and risk factors, effective treatment approaches for substance abuse, the health effects of smoking, and smoking cessation strategies and pharmacologic approaches to nicotine dependence and withdrawal. The material in this curriculum package is designed to be used as the basis for instructor-led teaching in a group setting.

Objectives

At the end of these modules, participants will be able to:

1. Describe the prevalence of AOD use/abuse among women.
2. Identify risk factors that predispose women to substance abuse.
3. Differentiate between substance abuse and substance dependence.
4. Articulate the DSM-IV criteria for substance abuse and substance dependence.
5. Describe the classes of drugs and their related health consequences in women.
6. Describe various modalities in the treatment of substance abuse in women.
7. Describe predictors of treatment outcomes for women with substance abuse problems.
8. Describe smoking cessation strategies and pharmacologic approaches to nicotine dependence and withdrawal.

Organization

Project **ADEPT** Volume VII contains the following modules:

- | | |
|----------|---|
| Module 1 | Epidemiology |
| Module 2 | Screening and Assessment of Substance Abuse |
| Module 3 | Treatment of Substance Abuse |
| Module 4 | Smoking and Smoking Cessation Counseling |

Recommended Teaching Methods

A variety of teaching materials are provided here to allow instructors to use modules in several different settings. Ideally, the modules should be taught in a small-group classroom or workshop format, allowing ample time for didactic teaching, role plays, and review of handouts. However, key information may also be taught in a large group setting, focusing primarily on didactic presentations with model role plays. The modules should be taught as interactively as possible. In large group settings, teaching will be less interactive. For this setting, use transparencies provided to review key topic areas.

In order to prepare for adequate use of the materials presented here, you are encouraged to pursue faculty development training in small-group, discussion-based techniques, and the use of role play and simulated patients in teaching.

Administrative Notes

Instructors using this volume of teaching materials will likely have varying levels of expertise in the various content areas. Therefore, we suggest that the instructor develop a working knowledge of each content area covered. Each module has a detailed outline to use in planning. As you review these materials, you are encouraged to consider a range of faculty to assist you in teaching. All of the following are valuable resource faculty who you can identify within your own institution to assume a teaching role:

- Ob/Gyn faculty with an interest in addictions
- addiction specialists (psychiatrists, psychologists, social workers, counselors, etc.)
- nurses, nurse practitioners, or nurse midwives with an interest in addictions
- personnel from referral centers for addiction treatment
- community advocates for women's addiction treatment

Planning and preparation of resource faculty is key to successful teaching. Be sure to allot sufficient time to address this important task.

Using Role-Play Materials

This curriculum has been designed to promote and enhance new clinical skills in the area of alcohol and other drug abuse screening, diagnosis, and referral for women with substance use/abuse problems. Key skills have been identified and defined in the teaching materials provided here. These skills often consist of a series of interactions in the clinical setting. In order to learn and apply these new skills, participants require an opportunity to try out these skills at least once before using them in patient care. This opportunity to try out these skills is extremely important to effective learning for several reasons:

- “Knowing” about something, and “doing” something are different and distinct mental processes requiring different learning approaches. “Doing” requires application and practice.

- The teaching setting is a controlled environment where mistakes can be made, skills can be tried and retried, and helpful corrective feedback and support can be provided.
- Successful use of skills even once in a controlled setting significantly increases the likelihood of trial and application in the real clinical setting.

Participant role-play is a teaching technique which allows learners to apply newly-learned skills to an interactive practice situation. Role-plays provided in this curriculum have been designed to accompany Modules Two and Three. In each these modules we recommend two role-play segments:

- Participant# 1 should spend five to ten minutes on the first role-play, then stop and discuss it (five minute discussion).
- Participant# 1 should then change roles (i.e. the person playing the health care provider will now play the patient, and vice versa). The second role-play is enacted, and is also followed by a five minute discussion.

If more teaching time is available, give participants more than ten minutes to enact a role-play. During role-playing, the instructor/facilitator can circulate the room, “eavesdropping” on the role-plays in progress and stopping time to provide feedback on performance and discussing elements of the interview between health care provider and patient.

Use of video equipment to record role-plays for review and feedback is also encouraged. If adequate time (at least 20 minutes per role-play) and video recording and playback equipment are available, record the health care provider-patient interaction and then view it with the “health care provider” and “patient” for further discussion of important points.

Important Considerations

- It is important to stress that “patients” not be too hard on “health care providers.” Participants may tend to caricature patients and make successful interaction too difficult creating frustration and stress.
- Some participants may resist playing “patients” for a variety of reasons. Be sure to stress the importance of experiencing the patient’s perspective to learn more about how skills work: this can further understanding of their use. Furthermore, effectively playing a “patient” can improve participants empathy for the patient’s problems, struggles, concerns and feelings.

Sample Teaching Outline for Role-Plays

Break into small groups. Groups should be no smaller than two (to allow for patient and health care provider roles) or three (to allow for patient, health care provider, and observer roles) and no larger than 10 (to allow for comments and participation). Whenever possible, each group should have a training facilitator.

For each role-play:

- Agree on health care provider, patient, and observer roles for participants
- Conduct the role-play; stop, if needed, to redirect
- Discuss the role-play with role-play participants first (“How do you think the interview went from your perspective? What do you feel went well? What would you do differently?”)
- Review the role-play on videotape (if available)
- Evaluate the role-play
- Discuss

Materials Provided in Each Module

- Teaching outline
- Masters for overheads
- Masters for handouts

Equipment Requirements for Teaching

- Overhead projector
- Video monitor and playback equipment

Preparation Checklist for Volume VII Teaching Modules

- Assign recommended readings to class
- Prepare overhead transparencies
- Duplicate handouts
- Duplicate role plays
- Arrange for projector
- Arrange for monitor and playback equipment

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